STATE OF IDAHO RECEIVED FEB 14 1992 PARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE PHYSICIANS BUREAU OF VITAL STATISTICS State File No. 56414 PLACE OF DEATH CERTIFICATE OF DEATH Registration District No..... 70 County of. Local Registrar's No.. Primary Registration District No. /. (If death ogcurred in a hospital or institution, give its name instead instead of street and number.) (a) Residence. No..... (If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. (Usual place of abode) Length of residence in city or town where death occurred vrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, 16 DATE OF DEATH or Divorced (write the word) should (Month) (Day) 5a If married, widowed, or divorced **HUSBAND** of I HEREBY CERTIFY, That I attended deceased from 17 (or) WIFE of AGE A that I last saw h..... alive on 6 DATE OF BIRTH (month, day and year) Days and that death occurred, on the date stated above. at 7 AGE Years Months If LESS than day,hrs ormin. The CAUSE OF DEATH* was as follows: 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. carefully (b) General nature of industry, business, or establishment in O which employed (or employer) instructions (c) Name of employer (duration) yrs. mos. .. BIRTHPLACE (city or town) should 18 Where was disease contracted (State or country) If not at place of death?.... Did an operation precede death?..... Date of 10 NAME OF FATHER Was there an autopsy? 11 BIRTHPLACE OF F What fest confirmed_dlagnosis? important. (State or country) *State the DISEASE CAUSING DEATH, or in deaths from VIO-CAUSE 13 BIRTHPLACE OF MOTH LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, very (State or country) and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. :s Date of Burlal 19 Place of Burial, Cremation, or Removal Informant CUPATION (Address) Registrar

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FORM V. S. No. 5-RECEIVED MAR 12 1027 CERTIFICATE OF DEATH State of Idaho PLACE OF DEATH BOARD OF HEALTH Bureau of Vital Statistics Registration District No. County of .. File No..... Primary Registration District No. Registered No..... City of ... If death occurred in If death occurs away from pital, institution or camp. usual residence, give facts called for under special ineet and number. formation. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE | 5. SINGLE, MARRIED, WID-EXACTLY, PHYSICIANS N is very important. Set i 16. DATE OF DEATE 6. DATE OF BIRTH (Month) (Day) REBY CERTIFY. That I attended deceased from (Month) (Day) 7. AGE IF LESS than 1 day how many..... hrs. SI or......min.? 8. OCCUPATION The CAUSE OF DEATH* was as follows: (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer) (Duration) Yrs. mos. 9. BIRTHPLACE Contributory..... (State or Country (Secondary) 10. NAME Q 11. BIRTHPLAC OF FATHER (State or Country *State the Disease Causing Death; or in deaths fam Violent Causes, state
(1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 12. MAIDEN NAM OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER At place In the State. of death. (State or Country) Where was disease contracted if not at place of death?..... usual residence DATE OF BURIAL OF BURIAL OR REMOVAL UNDERTAKER ADDRESS Local Registrar SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088

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A.	RECEIVED MAY 7 1	STATE OF IDAE		
S E	The state of the s	DEPARTMENT OF PUBLIC	X 2	DO NOT WRITE IN THIS SPACE
SICI	PLACE OF DEATH	BUREAU OF VITAL ST.	\	State 1811 No. S 57196
YS	County of Carefor	CERTIFICATE OF I	DEATH X	State File No.
E to		Registration District No		Local Registrar's No. 238
ent.	City of Many	Primary Registration District	No/000	LOCAL ROGISTRATS NO
Zã		No MADELLOSA	1000	
ACTL	(If death occurred		name instead of street and	number.)
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	6. DATE OF BIRTH (month, day and year)	Rail 29-1927	that I last saw h	alive on 19
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	18. BIRTHPLACE OF MOTHER (city or (State or Country)	town	CAUSES, state (1) 1	"CAUSING DEATH, or in deaths from VIOLENT MEANS AND NATURE OF INJURY, and (2) L, SUICEDAL, or HOMICIDAL.
WRITE y item of ir CAUSE OF ir important.	The state of the s	The state of the s		
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W I at			Bureau of Vital Statistics
County of sumpler	Primary Registration Di	istrict No	File No. 328
City of Combruse	(No,	St.)	Registered No
if death occurs away from usual residence, give facts called for under special information.	AME	Smith	If death occurred in a hos- pital, institution or camp, give its NAME instead of street and number.
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIFIC	TATE OF DEATH VOU
3. SEX 4. COLOR OR RACE 5. SI	INGLE, MARRIED, WID	•	1010
	OWED OR DIVORCED.	16. DATE OF DEATH	_
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6. DATE OF BIRTH.		(16-41)	191
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YrsMosd	how manyhrs. o	and that death occured on the da	e stated above, atM.
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ed (or employer)	***************************************	(Duration)	—
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(State or Country) School	ug Ida		
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18. BIRTHPLACE		Transients or Recent Resid	ents.)
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14. THE ABOVE IS TRUE TO THE BI	EST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?	
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ANS PA-	RECEIVED J	STATE OF IDAE DEPARTMENT OF PUBLIC		
55	PLACE OF DEATH BUREAU OF VITAL ST.		ATISTICS	
PHYSICIAN of OCCUPA	County of Carry 422	CERTIFICATE OF I		
**	City of Caldwell	Registration District No Primary Registration District		
r RECORD ed EXACTLY, Exact statemen	(If death occur		name instead of street and number.)	
RECORD EXACT	2. FULL NAME Baly	Nogg		
五台	(a) Residence. No	death occurred. yrs. mos. ds.	(If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos.	
ANE se st ified.	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
GERMA) uld be classifi	8. SEX 4. COLOR OR RAC	E 5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEATH	
ING PERI should rly clar	male -		(Month) (Day) (Year)	
BINDING IS A PE AGE shou properly o	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		17. I HEREBY CERTIFY, That I attended deceased from	
	6. DATE OF BIRTH (month, day and year	r)	that I last saw h alive on, 19	
FOR THIS ied.	7. AGE Years Months	Days If LESS than 1 day, hrs. or	and that death occurred, on the date stated above, atm.	
RVED FO INK—TH supplied. t it may l	8. OCCUPATION OF DECEASED	min.	The CAUSE OF DEATH+ was as follows:	
	(a) Trade, profession, or particular kind of work	_		
H = U	(b) General nature of industry, business, or establishment in		(duration) Lyrs, mos. de	
MARGIN TH UNFA lid be ca in terms,	which employed (or employer)(c) Name of employer		CONTRIBUTORY histher had weenig	
~	9. BIRTHPLACE (city or town)		Convulsion (Pration) yrs. mos. ds.	
WITH WITH plain cction	(State or country)		18. Where was disease contracted if not at place of death?	
LX, ion I in	10. NAME OF FATHER	Hoad.	Did an operation precede death?	
PLAINLY nformation DEATH i	11. BIRTHPLACE OF FATHER (city or town) (State or Country) 12. MAIDEN NAME OF MOTHER 18. BIRTHPLACE OF MOTHER (city or town) (State or Country)		Was there an autopsy? What test confirmed diagnosis?	
E Prinfo			(Sight) M. D.	
WRITE m of i ISE OF portant.			*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
ing it.				
Every state C is very	14. Informant Ja Ma	19 cg	19. Place of Burial, Cremation, or Removal Date of Burial	
	(Address) Laston	Ta aho.	20. Underdaker Address	
N. B.	15. Filed 5 -25-, 1927-	ohns, meyes- Registrar	Of Peckham caldwelf Ste	

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RECEIVED JUN 1 3 1927 STATE OF IDAHO PHYSICIAN of OCCUPA DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH State File No. County of 2224072 CERTIFICATE OF DEATH Registration District No..... Local Registrar's No.... Primary Registration District No. 2005 A PERMANENT RECORD should be stated EXACTLY. 2. FULL NAME..... (If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. Length of residence in city or town where death occurred. Vrs. mos. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH 5. Single, Married, Widowed, or Divorced (write the word) 8. SEX 4. COLOR OR RACE mal If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of THIS 6. DATE OF BIRTH (month, day and year) that I last saw h____ alive on_______, 19_____ 7. AGE Years Months If LESS than 1 day. Days and that death occurred, on the date stated above, at_____ ___hrs. or The CAUSE OF DEATH* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) (duration) _____yrs. ___mos. ___ 9. BIRTHPLACE (city or town 18. Where was disease contracted if not at place of death? (State or country) 10. NAME OF FATHER Did an operation precede death? Date of Was there an autopsy? ... 11. BIRTHPLACE OF FATHER (city or tov What test confirmed diagnosis? (State or Country) 12. MAIDEN NAME OF MOTHER *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (city (State or Country) 14. 19. Place of Burial, Cremation, or Removal Date of Burial Informant (Address) Addres 20. Undertaken Registrar

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- 22	FORM V. S. No. 5-25 MP-79. VED JUN 101927	OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFA		
13	1. PLACE OF DEATH) As	BUREAU OF VI	TAL STATISTICS
	County of		State File No	57733
PAM	City of July Falls Primary Registration Distr	- ·	Local Registrate	No
HYSICIAN of OCCUR.	If death occurs away from (No.	St.)	If de	eath occurred in a hos-
8 8	usual residence, give facts called for under special in-	_	pitai	, institution or camp, its NAME instead of
e He	called for under special information. 2. FULL NAME.	mune		et and number.
RECORD CTLY, PI bement o	PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE OF	DEATH 189-
T RECOI KACTLY, statement	8. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WID-			10
	OWED OR DIVORCED	16. DATE OF DEATH		~ 7
	Jenual Wtuce (Write the word)		my so	1927
AN ted	6. DATE OF BIRTH	<u></u>	(Month) (I	Day) (Year)
	may 30 1921	17. I HEREBY	CERTIFY, That I at	tended deceased from
PE PE	(Month) (Day) (Year)		19 to	19,
A Pig	(Leonth) (Day) (10a1)	that I last saw h	alive on	19,
	7. AGE Sull love day how many hrs. or	and that death occur	red on the date state	d above, at
2000年		The CAUSE OF DEA	TH* was as follows:	•
	Yrs. Mos. 5 ds. min.?			
Property of	8. OCCUPATION			ful
	(a) Trade, profession of particular kind of work			
Erter.	(b) General nature of industry, business or estab-			
Eat H	lishment in which employ-			ds.
GIN RESULT OF THE STREET OF TH	ed (or employer)	Contributory (Secondary)		***************************************
EGIN UNE Caref that	9. BIRTHPLACE (State or Country) Flatto.	(Đu	ration)	ax mos. das.
A H S S S	10. NAME OF A	-/(Signed)	C 7. 1/4	help M.D.
WIII ould rins, back	Father wom Lasuran	\$ 19 27 (Addr	ess) Am.	Frates Il
X, WIJ should t terms, on back	11. BIETHPLACE	*State the Disease	Causing Death, or in	n deaths from Violent
	OF FATHER (State or Country)	State the Disease Causing Death; or in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidenta		
TE PLAINI information VTH in plain instructions	12. MAIDEN NAME	Suicidal or Homicida		
F F F F	OF MOTHER Mary / wup		ESIDENCE (For H Recent Residents.)	ospitals, Institutions,
H THE	18. BIRTHPLACE OF MOTHER	At place	In thé	
WRI n of DEA See i	(State or Country)	Where was disease	•	yrsmosds.
≱ _E A Z	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of de	ath?	
tel of	(Informant) M/ J. Jasman	Former or		
orts.	(Address) and Jells.	19. PLACE OF BURN		
B.—Every iten ate CAUSE OF ry important.	15.	am Fa	Ila	52/ 1927
H S F	Total And Roman Market	20. UNDERTAKER		5 3 1927 ADDRESS
sta ver	Filed Newson 19 Local Registrar	- CHARLET		23.36 47.48.26777
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Do not accept a certificate of death signed only by a midwife.

RECEIVED SEP 22 1927	STATE OF IDA		
3EF 22 19ZI			IN THIS PACE
PLACE OF DEATH	BUREAU OF VITAL ST		58858
County of Bonneville	CERTIFICATE OF		
City of Idaho Falls Rt.#5	Registration District No		ar's No.
-	Primary Registration District	140.22	
(If death occurre	(Nod in a hospital or institution, give its	name instead of street and number.)	
a pritt NAME Reby Nelson			
Tdaha Da	13a Posto #5	Q4	
(Usual place of abode)	Ab assumed time most de	(If nonresident give city How long in U. S., if of foreign birth?	y or town and State)
Length of residence in city of town where de-	di occurredi , , , , , , , , , , , , , , , , , , ,	MEDICAL CERTIFICATE OF	1.31.
PERSONAL AND STATISTIC		16. DATE OF DEATH	DEATH () (·
8. SEX 4. COLOR OR RACE White	5. Single, Married, Widowed, or Divorced (write the word)	August 13	1927
	Single		Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		17. I HEREBY CERTIFY, That I attended d	leceased from
(or) WIFE of		, 19, to	
6. DATE OF BIRTH (month, day and year) August 13, 1927		that I last saw h alive on	
7. AGE Years Months	Days If LESS than 1 day, hrs. or	and that death occurred, on the date stated abo	ove, at 1 p m.
0 0	0 min.	The CAUSE OF DEATH* was as follows:	beton ction h
8. OCCUPATION OF DECEASED		Circulation due to malp	retion.
(a) Trade, profession, or particular kind of work		Bry was deliver	ed dend
(b) General nature of industry, business, or establishment in		(duration)	yrsds.
which employed (or employer)		CONTRIBUTORY	_
(c) Name of employer		(Secondary)	
a program (die on to) Tde	ho Falls		yrsds.
9. BIRTHPLACE (city or town) Idaho Falls (State or country) Idaho		18. Where was disease contracted if not at place of death?	
10. NAME OF FATHER	T Nolgon	Did an operation precede death? Da	te of
Arthur L.Nelson		Was there an autopsy?	
22 11. BIRTHPLACE OF FATHER (city or (State or Country)		What test confirmed diagnosis?	Muler
(State or Country) Sandy, UTAR 12. MAIDEN NAME OF MOTHER Madeline Strokt		(Signed) Aug.13 ,127 (Address) 1df	, M. D.
12. MAIDEN NAME OF MOTHER Madeline Stroki.		Aug. 13 , 187 (Address) Ide	MO PALLS
18. BIRTHPLACE OF MOTHER (city or town)		*State the DISEASE CAUSING DEATH, or	in deaths from VIOLENT
(State or Country) Switzer]		CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
14. Anthony T Nols		19. Place of Burial, Cremation, or Removal	Date of Burial
Informant Archite Daily		Coltman, Idaho	Aug. 13 19 27
(Address) Idaho Fall		20. Undertaker	Address
15. Filed \$ / 16 , 19 2.)	Jen Jennand)	J.A.Wood	Idaho Falls
	Registrar	1	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
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RECEIVED OCT 2 R 1927 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH State File County of Registration District No..... Local Regi r's No.... Primary Registration District No. 2196 (If death occurred (a) Residence, No.... (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred. How long in U. S., if of foreign birth? yrs. mos. yrs. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Single, Married, Widowed, 16. DATE OF DEATH 8. SEX COLOR OR RACE should or Divorced (write the word) ma married, widowed, or divorced HUSBAND of AGE 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 19 2 7 to 6. DATE OF BIRTH (month, day and year) 7. AGE Years If LESS it may and that death occurred, on the date stated above, at ... The CAUSE OF DEATH was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry. business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) plain 9. BIRTHPLACE (city or 18. Where was disease contracted (State or country) if not at place of death? w 10. NAME OF FATHER Did an operation precede death?. Date of_____ OF DEATH Was there an autopsy? 11. BIRTHPLACE OF FATHER (city or town) PARENTS What test confirmed diagnosis? ... (State or Country) AUSE OF important. 12. MAIDEN MANE *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF HIJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 13. BIRTHPLACE OF MOTHER (State or Country) Place of Burial, Cremation, or Removal 14. Date of Burial state is very Informant_ (Address) Registrar

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CERTIFICATE OF DEATH. State of Idaho BOARD OF HEALTH Bureau of Vital Statistics Registration District No..... County Primary Registration District No.... File No. Registered No. if death occurs away from usual residence, give facts If death occurred in a hospital, institution or camp, give its NAME instead of called for under special information. street and number. PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-23 SEX OWED OR DIVORCED. 16. DATE OF DEATE Write the word.) 6. DATE OF BIRTH. I HEREP CERTIFY. That I attended deceased from IF LESS than 1 day that I last saw h.....alive on how many hrs. or and that death occurred on the date stated above, atmin.? 8. OCCUPATION (a) Trade, profession or particular kind of work.... (b) General nature of in-dustry, business, or estab-lishment in which employed (or employer)..... 9. BURTHPLACE Contributory (State or Country) (Secondary) 10.-NAME OF FATHER 11. BIRTHPLACE OF FATHER (State or Country) *State the DISEASE CAUSING DEATH: or in deaths from VIOLENT CAUSES, state (1) Means of Injury: and (2) whether Accidental. Suicidal or Homicidal. 12. MAIDEN NAME OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER At place In the of death.....vrs.....mos.....davs. State.....vrs.....mos..... (State or Country) Where was disease contracted 14. THE ABOVE IS if not at place of death?..... should state Former or (Informant) usual residence DATE OF BURIAL 15. SYMS - YORK CO., PTRS. & SORS. 24654

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spinal fever (the only definite synonym is "Epidemic cere-

NG PERMANENT RECORD be stated EXACTLY, PHYSICIANS should led. Exact statement of OCCUPATION is	1. PLACE OF DEATH County of Registration District No. City of Registration District No. Primary Registration District No. (No. (No.	State File No
PERMANENT RECO Pertaco Exactly led. Exact statemen	PERSONAL AND STATISTICAL PARTICULARS 8. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WID- OWED OR DIVORCED (Write the word) 6. DATE OF BIRTH (Month) (Day) (Year)	16. DATE OF DEATH 16. DATE OF DEATH (Month) (Day) (Year) 17. I HEREBY CERTIFY, That I attended deceased from to
FOR BINDI THIS IS A AGE should	7. AGE IF LESS than 1 day how many hrs. or min.? 8. OCCUPATION (a) Trade, profession or	that I last saw h alive on Stel toru. 19, and that death occurred on the date stated above, at
MARGIN RESERVED information should be carefully supplied. ATH in plain terms, so that it may be propostructions on back of certificate.	particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)	(Duration) yrs. mes. ds. Contributory (Secondary) yrs. mos. ds.
	10. NAME OF Father 11. BIRTHPLACE OF FATHER (State or Country) 12. MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
WRITE m of info DEATH See instr	18. BIRTHPLACE OF MOTHER (State or Country) 14. THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE (Informant) (Address) (Address)	Transients or Recent Residents.) At place In the of death
N. Estata	Filed 19 Local Registrary	20 UNDERTAKER THOMAS ADDRESS

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RECEIVED JAN 1 4 1928 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH State File No. County of BANNOCK Registration District No..... Local Registrar's No... Primary Registration District No. 216/ in a hospital or institution, give its name instead of street and number.) (If death occurred (a) Residence. No..... (Usual place of abode) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH 8. SEX COLOR OR RACE 5. Single, Married. Widowed. or Divorced (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of DEC. 21 6. DATE OF BIRTH (month, day and year) 7. AGE Years Months Days If LESS than 1 day. and that death occurred, on the date stated above, at. STILLBORN The CAUSE OF DEATH* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer) (duration) yrs. mos. CONTRIBUTORY (c) Name of employer (Secondary) (duration) yrs. Pocatello 9. BIRTHPLACE (city or town) 18. Where was disease contracted if not at place of death? (State or country) 10. NAME OF FATHER Did an operation precede death ? Date of... Was there an autopsy? ... 11. BIRTHPLACE OF FATHER (city or town What test confirmed diagnosis (State or Country) *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (city or town) (State or Country) Place of Burial, Cremation, or Removal Date of Burial Informant (Address) Undertaker

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Do not accept a certificate of death signed only by a midwife.

		1AN 1 5 1920				
		RECEIVED JAN 1 5 1920	STATE OF II DEPARTMENT OF PUBL		DO NOT WRITE	IN THIS SDACE
∞្ន			BUREAU OF VITAL S		DO NOT WATER	
gō.		PLACE OF DEATH	CERTIFICATE OF	DEATH	State File No	59852
PHYSICIANS ement of 0C-	Cou	inty of Beneral	Registration District No	32		48
it is		of somare	Primary Registration Distri	ct No. 2049	Local Registrar's	No
PHYS	OIL	,	(No		•)	
LY, state		Y + 1	red in a hospital or institution	, give its name instead in	nstead of street and nu	mber.)
	2. 1	FULL NAME LESCO	che	ny		
	(a) Residence. No		Št.	*	***************************************
EXACTLY, Exact stat	Len	(Usual place of abode) gth of residence in city or town where	death occurred yrs. mos.	ds. How long in U. S.	f nonresident give city if of foreign birth?	yrs. mos. ds.
ੋੜ . ∣		PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL	CERTIFICATE OF D	EATH
	3 8	EX 4 COLOR OR RACE	5 Single, Married, Widowed,	16 DATE OF DEATH		
P Se Se		Male white	or Divorced (write the word)		30	19 2 7
	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(Month)	(Day)	(Year)
S A FEKE GE should properly cate.	5a	If married, widowed, or divorced HUSBAND of		17 I HEREB	Y CERTIFY, That I at	tended deceased from
4 2 G 6		(or) WIFE of			, 19.27, to 11 - 3	
4 ad _ 8	6 DATE OF BIRTH (month, day and year 70 - 1927			that I last saw h.		19
2 . P 3			ays If LESS than		d, on the date stated at	ove, at 830 Pm.
Hied Bay		Toetus Aterne	1 day,hrs.	The CAUSE OF DEAT		•
dn	8 (CCUPATION OF DECEASED	1970 SA	Toxic	Nephritis	<u> </u>
Sk right			X	mo	ther	• - • • • • • • • • • • • • • • • • • •
H IN SI		(a) Trade, profession, or particular kind of work				
so to		(b) General nature of industry, business, or establishment in	×		(duration) yrs. ,	mgs ds.
O 7 "	which employed (or employer)			CONTRIBUTORY Nothing aside from		
ITH UNFA hould be ca plain terms, instructions	l			(Secondary) (duration) yrs mos ds.		
F F F	9 1	SIRTHPLACE (city or town)	18 Where was disease			
R Sign	I	(State or country)	Idoho	if not at place of de	eath?	aux
E 28 H		10 NAME OF FATHER M. P	henry	ll .	de death? Date	of
PLAINLY, Winformation DEATH in ortant. See	-	Janus -		Was there an autopsy?	M. A.	l testo on
t Hat	S E	11 BIRTHPLACE OF FATHER (city (State or country)	mnt (What test confirmed d	mos	her M D
E E E	RENT	James		(Signed)	27 (Address)	maries Ida
E PLAINI of informa OF DEAT important.	MA I	12 MAIDEN NAME OF MOTHER	1 - 10	, 19.3	(Address)	
H PO H	∥-⊦	una na	nan	*State the DISEASE	CAUSING DEATH, or	in deaths from VIO-
WRITE item of AUSE (.	13 BIRTHPLACE OF MOTHER (city (State of country)	or town)	LENT CAUSES, state	(1) MEANS AND NA DENTAL, SUICIDAL. of	ATURE OF INJURY,
	1	1	01	1		
£	14	Informant June M.	cheny	19 Place of Burlal, Cre	_	Date of Burlal
-Eve stat 10N		(Address) & m	aces gay	Ward	cau-	Lec / 192.
		10 m	1100	20. Undertaker		Address
E E	15	Filed Nie / , 1927	Registrar	Pritchell &	merager	W Marie
F 45	11		- Triogram at			Jaa

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ECORD EXACTLY, PHYSICIANS Exact statement of OC-	PLACE OF DEATH County of Kootsns City of Cosur D' Al	Registration District No.	BLIC WELFARE STATISTICS F DEATH So trict No. /05/	DO NOT WRITE IN THIS SPACE State File No. 59990 Local Registrar's No. 255
RECORD EXACTLY, Exact stat	(a) Residence, No. Co	eur D'Alene, Ida.	St.	•
	Length of residence in city of	r town where death occurred yrs. mos	ds. How long in U. S.	If nonresident give city or town and State), if of foreign birth? yrs. mos. ds.
- O	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL	L CERTIFICATE OF DEATH
IS IS A PERMANENT AGE should be state be properly classified.	·	R OR RACE 5 Single, Married, Widowed or Divorced (write the word) Single	Receive	<u> </u>
	5a If married, widowed, or divorced HUSBAND of (or) WIFE of		(Month) 17 I HEREB	Y CERTIFY, That I attended deceased from 19.7, to 19.7,
	6 DATE OF BIRTH (month,	day and year) Dec.21, 1927	that i last saw h./	allve on the with live 19
erti.	7 AGE Years Months Days If LESS than 0 or 1 day min.			d, on the date stated above, at m.
NK—TH supplied. it may k of cer			The CAUSE OF DEATH was as follows:	
INK. sup	8 OCCUPATION OF DECEASED		aget von	u du la polonged
DENG DEFECTION SO that on bac	(a) Trade, profession, or particular kind of work			
			(duration) yrs. mos. ds. CONTRIBUTORY (Secondary)	
UNFA be caterins, actions				
VITH UNE should be c plain terms instruction	9 BIRTHPLACE (city or to (State or country)	wn) Coeur D'Alene	18 Where was disease of if not at place of de	(duration) yrs mos ds.
~ ~ ~	10 NAME OF FATHER_		— II	de death?//D Date of
Y, M		ohn Buckle	— Was there an autopsy?	No
E PLAINLY, of information OF DEATH ir important. Se	11 BIRTHPLACE OF FA (State or country)	Idaho.	What test confirmed di	sel g. Slugas, M. D.
	12 MAIDEN NAME OF	MOTHER Nell Steele	Was. 22, 192	,
WRITE of cause of cause (13 BIRTHPLACE OF MC (State or country)	OTHER (city or town) Ida.	LENT CAUSES, state	CAUSING DEATH, or in deaths from VIO- (1) MEANS AND NATURE OF INJURY, DENTAL, SUICIDAL, or HOMICIDAL.
້ວິລ	14 Informant Jahn Buckle		19 Place of Burial, Cre	mation, or Removal Date of Burial
-Every state C	l .	r D' Alene, Ida.	Forest Cem	letery /2/22 1927
N. B.—Eve should stat CUPATION	15 Filed /2/3/., 19	27 DD Premarka	20. Under the Mos	sury Address la

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PHYSICIANS ement of 0G-	PLACE OF DEATH County of Coale Regis	STATE OF IDAHO PARTMENT OF PUBLIC WEI BUREAU OF VITAL STATIST CERTIFICATE OF DEATE tration District No	State File No. 60427 S	
LY, stat	(No.	a hospital or institution, give its	name instead instead of street and number.)	
~	(a) Residence, No. (Usual place of abode) Length of residence in city or town where death	St.	(If nonresident give city or town and State) ow long in U. S., if of foreign birth? yrs. mos. ds.	
PERMANENT should be stated perly classified.	PERSONAL AND STATISTICAL P		MEDICAL CERTIFICATE OF DEATH	
	Male 4 COLOB OR RACE 6 Sin or Div	gle, Married, Widowed, Forced (write the word)	E OF DEATH 23 1927	
	5a If married, widowed, or divorced HUSBAND of (or) WIFE of 6 DATE OF BIRTH (month, day and year) 7 AGE Years Months Days If LESS than I day, hrs. or min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) (c) Name of employer		(Month) (Day) (Year)	
K—THIS IS A upplied. AGE it may be pro of certificate.			that I last saw h alive on, 19, and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows: SCONTRIBUTORY	
DING INK- trefully suppose that it on back of				
See I See	10 NAME OF FATHER CINCIPLE H	Did an	operation precede death? Date of	
E PLAINLY of informati OF DEATH important.	11 BIRTHPLACE OF TATHER (city or town (State or country)		ed)	
면 # C 웹∥	13 BIRTHPLACE OF MOTHER (city or town		the DISEASE CAUSING DEATH, or in deaths from VIO-	
WRITE ry item of CAUSE 0 is very im	14 Informan andrew H Timo	and (2)	CAUSES, state (1) MEANS AND NATURE OF INJURY, whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. of Burial, Cremation, or Removal Date of Burial	
Ever state	(Address) (atalolo	S	muad 12/13/2 19	
N. B.— should CUPA1	15 Filed Jan. 15, 1928 Mrs. Thele	a M Briske Registrar	1. Stout Tillogg	

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54-210.001-766 PLACE OF BIRTH RECEIVED FEB 9 - 1922 PARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS-County of CERTIFICATE OF BIRTH Registration District No. Primary Registration District No Hospital FULL NAME OF CHILD. Number Twin Legiti-Sex of Triplet Child or other? (To be answered only in event of plural births) What bactericidal solution was used in eyes?..... Number of child of this mother, including present birth... Number of child of this mother now living, including present birth... 3.5 (Years) AGE AT LAST CÓLOR BIRTHDAY ... (Years OCCUPATION I hereby certify that I attended the birth of this child, on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is (Signature) VRITE one that neither breathes nor shows other evidence of life atter birth. Give names added from a supplemental report. Registrar. Registrar.

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPA BUREAU OF VITAL STATISTICS State File No.... 56044 CERTIFICATE OF DEATH County of Registration District No. Local Registrar's No.... Primary Registration District No. 100 City of EXACTLY. in a hospital or institution, give its name instead instead of street and number.) (a) Residence. No... (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred ds. How long in U. S., if of foreign birth? mos. mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed. 16 DATE OF DEATH Divorced (write the word) should 5a If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from $\mathbf{A}_{\mathbf{H}}$ (or) WIFE of 6 DATE OF BIRTH (month, day and year) that I last saw h. 7 AGE Years Months lf LESS and that death occurred, on the date stated above, at 500 supplied day, 8 OCCUPATION OF DECEASED back (a) Trade, profession, or particular kind of work (b) General nature of industry, 50 8 business, or establishment in yrs. mos. which employed (or employer) CONTRIBUTORY instruction (c) Name of employer (Secondary) BIRTHPLACE (city or town) shoul (State or country) 18 Where was disease contracted if not at place of death?.. Did an operation precede death?..... Date of Was there an autopsy? ... 11 BIRTHPLACE OF FAT What test confirmed dragnos (State or country) important, 12 MAIDEN NAME OF MOTHER Q. *State the DISEASE CAUSING DEATH, or in deaths from VIO-CAUSE 13 BIRTHPLACE OF MOTHER (city or very LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, (State or country) and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 3. Date of Burlal Informant CUPATION (Address

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS 56029 PLACE OF DEATH State File No..... CERTIFICATE OF DEATH Local Registrar's No. 20 Primary Registration District No. in a hospital or institution give its name instead of street and number.) Adeath occurred 2. FULL NAME. (a) Residence. No.... (If nonresident give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? mos. Length of residence in city or town where death occurred. ds. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH 5. Single, Married, Widowed, 8 SEX or Divorced (write the word) (Month) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I attended) deceased from 17. (or) WIFE of 6. DATE OF BIRTH (month, day and year) Years Months Days If LESS than 1 day, 7. AGE and that death occurred, on the date stated above, at 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer (Secondary)(duration) 9. BIRTHPLACE (city or town 18. Where was disease contracted if not at place of death? (State or country) Date of_ Did an operation precede death?.. 10. NAME OF FATHER Was there an autopsy? What test confirmed diagnor 11. BIRTHPLACE OF FATHER (city or town)
(State or Country) *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 13. BIRTHPLACE OF MOTHER (city or town) (State or Country Date of Burial Informan (Address) Braxtan

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

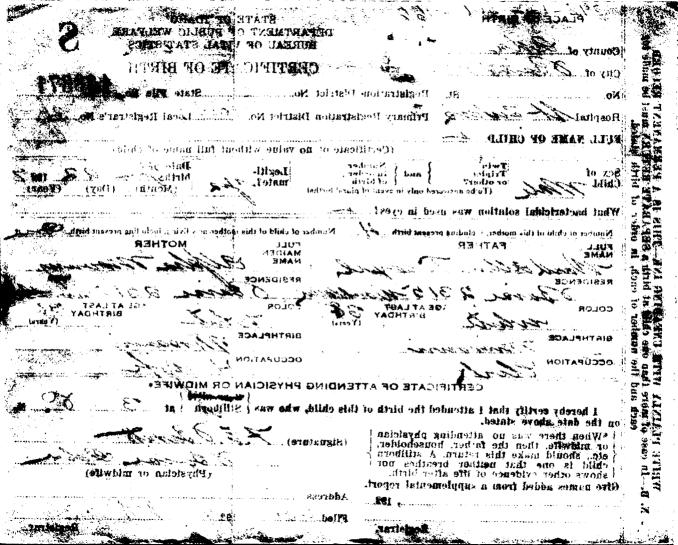
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts. Do not accept a certificate of death signed only by a

midwife.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Ma BUREAU OF VITAL STATISTICS RECORD CERTIFICATE OF BIRTH Primary Registration District No. 1004 Local Registrar's No. 31 FULL NAME OF CHILD (Certificate of no value without full name of child) Twin Number Date of Sex of Legiti-Triplet in order or other? Child. of hirth mate?.. (Day (Year) (To be answered only in event of plural births) What bactericidal solution was used in eyes? SEP Number of child of this mother, including present birth. Number of child of this mother now living, including present birth MOTHER **FATHER** FULL FULL MAIDEN NAME NAME each. RESIDENCE RESIDENC COLOR COLOR BIRTHDAY number (Years) BIRTHPLACE BIRTHPLACE one OCCUPATION \$ 72 CERTIFICATE OF ATTENDING PHYSICIAN OR MID more PLAINLY I hereby certify that I attended the birth of this child, who was Stillh on the date above stated. *When there was no attending physician CBSe or midwife, then the father, householder, WRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife) Give names added from a supplemental report. ż Registrar. Registrar.



STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No.... County of..... Registration District No..... Local Registrar's No .. Primary Registration District No. 100 City of stated EXACTLY. A PERMANENT RECORD 2. FULL NAME. (a) Residence. No.... (If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. (Usual place of abode) Length of residence in city or town where death occurred. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEA 5. Single, Married, Widowed. 8. SEX COLOR OR RACE plnods or Divorced (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of CERTIFY, That I attended deceased from THIS IS (or) WIFE of 6. DATE OF BIRTH (month, day and year) Months Davs If LESS than 1 day, 7. AGE Years and that death occurred, on the date stated above, at. mayhrs. or The CAUSE OF DEATH* was as follows: UNFADING INK 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer) (duration) ____yrs. ___mos. terms CONTRIBUTORY (c) Name of employer (Secondary) ___(duration) ____yrs. ____mos. plnous plain instruction 9. BIRTHPLACE (city or 18. Where was disease contracted _____ if not at place of death? _____ (State or country) 10. NAME OF FATH Did an operation precede death? _____ Date of___ f information OF DEATH in Was there an autopsy? _ What test confirmed diagnosis? PARENTS 11. BIRTHPLACE OF FATHER (city or town) (State or Country) AUSE *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (State or Country) 19. Place of Burial, Cremation, or Removal Date of Burial state Informant (Address Address

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF

INJURY and qualify as ACCIDENTAL, SUICIDAL, or

HOMICIDAL, or as probably such, if impossible to de-

termine definitely. Examples: Accidental drowning;

struck by railway train-accident; Revolver wound of

head-homicide; Poisoned by carbolic acid-probably sui-

cide. The nature of the injury, as fractured skull, and con-

sequences (e. g. sepsis, tetanus) may be stated under the

head of "Contributory."

spinal fever (the only definite synonym is "Epidemic

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

RECEIVED FEB 8DEPARTMENT OF PUBLIC WELFARE ruan ent record furn must be made for stated. BUREAU OF VITAL STATISTICS ICATE OF BIRTH Registration District NoState File No...... Primary Registration Dist**e**ct **N** Local Registrar's No (Certificate of no value withoutfull name of child) birth Twin Triplet Number Date Legitiin order or other? of birth mate? -THIS IS A SEPARATE Month) (Day (Year) (To be answered only in event of plural births) What bactericidal solution was used in eyes? order THIS Number of child of this mother, including present birth Number of child of this mother now living, including present birth FULL FULL MAIDEN NAME each. COLOR AGE AT LAST COLOR AGE AT LAST number (Years) (Years) BIRTHPLACE WITH the CERTIFICATE OF ATTENDING PHYSICIAN OR PLAINLY I hereby certify that I attended the birth of this child, who was I Still on the date above stated. *When there was no attending physician Case or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor (Signature) WRITE shows other evidence of life after birth. Give names added from a supplemental report. Registrar. Registrar.

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STATE OF IDAHO DO NOT WRITE IN THIS SPACE PARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS State File No...... 56118 PLACE OF DEATH CERTIFICATE OF DEATH County of 2m6 Registration District-No. Local Registrar's No ... Primary Registration District No City of DAR occurred in a hospital or institution, give its name instead instead of street and number.) RECORD I EXACTLY, 2. FULL NAME (a) Residence. No. St. (If nonresident give city or town and State (Usual place of abode) de. How long in U. S., if of foreign birth? Length of residence in city or town where death occurred mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 Single, Married, Widowed, or Divoged (write the word) 4 COLOB OR RACE 16 DATE OF DEATH 3 SEX mun (Month) 5a if married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of that I last saw h. allve 3-162 6 DATE OF BIRTH (month, day and year) and that death occurred, on the date stated above, at 7 AGE If LESS Years Months than 1 day, hrs. The CAUSE OF DEATH* was as follows: _min. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, (duration) yrs. mos. ... business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) (duration) yrs. mos. BIRTHPLACE (city or town) 18 Where was disease contracted CIF not at place of death?..... (State or country) Did an operation precede death? DB Date of 10 NAME OF FATH Was there an autopsy? 11 BIRTHPLACE OF FATHER (city or town) What test confirmed diagnosis; (State or country) (Address) 19..... 12 MAIDEN NAME OF MOTHER 0F *State the DISEASE CAUSING DEATH, or in deaths from VIO-13 BIRTHPLACE OF MOTHER (city or town) LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, CAUSE (State or country) and #2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Date of Burlal Flage Address

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using aways the same accepted

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DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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CEIVED FEB SEP 1922 MENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District Primary Registration District No. 2 194Local Registrar's No. (Certificate of no value without full name of child) Twin Number Date of Legiti-Triplet in order birth or other? of birth mate? (Mont) (Dav (Year (To be answered only in event of plural births) 0f What bactericidal solution was used in eyes? Number of child of this mother, including present birth. Number of child of this mother now living, including present birth FULL FUL NAME MAIDE RESIDENC # 5 COLOR COLOR number (Years) BIRTHPLAC BIRTHPLACE the ~ CERTIFICATE OF ATTENDING PHYSICIAN OR MID I hereby certify that I attended the birth of this child, who was I Stillborn on the date above stated. PLA] *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor (Signature) WRITE shows other evidence of life after birth. or midwife) Give names added from a supplemental report. Address Registrar.

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RECEIVED FEB 8 - 1927 STATE OF IDAHO DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE stated EXACTLY, PHYSICIANS BUREAU OF VITAL STATISTICS State File No.....56123 PLACE OF DEATH CERTIFICATE OF DEATH County of Bingham Registration District No. Local Registrar's No ... Exact statement Primary Registration District No. City of Shelley (No.)
(If death occurred in a hospital or institution, give its name instead instead of street and number.) Baby Fackrell 2. FULL NAME RECORD (a) Residence, No. St. (If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds. (Usual place of abode) Length of residence in city or town where death occurred vrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS classified. 5 Single, Married, Widowed, or Divorced (write the word) 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH Female White Single January should (Month) properly 5a If married, widowed, or divorced BINDING HUSBAND of | HEREBY CERTIFY, That | attended deceased from 17 (or) WIFE of that I last saw h.....allve on 6 DATE OF BIRTH (month, day and year) January 7.1927 and that death occurred, on the date stated above, at-7 AGE Years Months Days If LESS than may day, O The CAUSE OF DEATH* was as follows: RESERVED 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Baby (b) General nature of industry, business, or establishment in (duration) yrs. mos. which employed (or employer) CONTRIBUTORY MARGIN (c) Name of employer (Secondary) (duration) yrs. mos. Shelley BIRTHPLACE (city or town) should 18 Where was disease contracted plain (State or country) Idahe if not at place of death?... Did an operation precede death?..... Date of 10 NAME OF FATHER Mark Fackweall Še Ħ, Was there an autopsy? DEATH What test confirmed diagnosts 11 BIRTHPLACE OF FATHER (city or town) PARENT important. (State or country) Idaho (Signed) of it 12 MAIDEN NAME OF MOTHER Emmertt Miller *State the DISEASE CAUSING DEATH, or in deaths from VIOy item o 13 BIRTHPLACE OF MOTHER (city or town) LENT CAUSES, state (1) MEANS AND NATURE OF INJURY. (State or country) and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Utah Date of Burial Mark Fackrell 19 Place of Burial, Cremation, or Removal Informant... CUPATION (Address) Shelley. Idaho Jan. Shellet Idahe Address 20. Undertaker J.A.Wood Idaho Falls

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) Spinner. (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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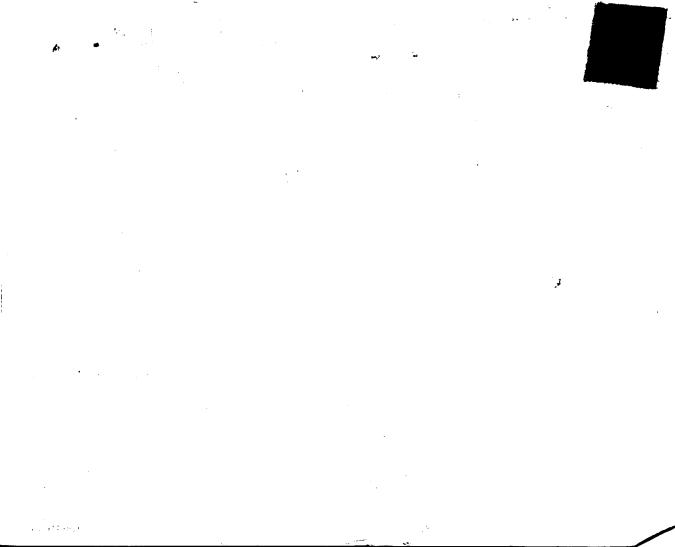
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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No..... Brimary Registration District No. 2022Local Registrar's No...... Hospital (Certificate of no value without full name of child) Twin Number Date of Legiti-Sex of in order Triplet birth. Child or other? of birth mate? (Month) (Day) (Year SEPARATE (To be answered only in event of plural births) What bactericidal solution was used in eyes?.... order Number of child of this mother, including present birth Number of child of this mother now living, including present birth FULL MAIDEN NAME NAME each, RESIDENCE COLOR COLOD number (Years) (Years) BIRTHPLACE OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MID I hereby certify that I attended the birth of this child, who was I Stillforn on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician) or midwife) Give names added from a supplemental report. Registrar.



	C WELFARE DO NOT WRITE IN THIS SPACE
PLACE OF DEATH County of Selleme City of Selleme DEPARTMENT OF PUBLIC BUREAU OF VITAL ST CERTIFICATE OF Registration District No	
PLACE OF DEATH CERTIFICATE OF	State File No
County of Registration District No.	164/19
City of Selleme Primary Registration District	t No. 2022 Local Registrar's No. 2
(AU,	give its name instead instead of street and number.)
	give its name instead instead of street and number.)
(a) Residence. No.	St.
Length of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH
B	(Month) (Day) (Year)
어떤 없는 (or) WIFE of	17 I HEREBY CERTIFY, That I attended deceased from
8 9 3 6 DATE OF BIRTH (month, day and year) /- 9- 27	that I last saw h allye on
7 AGE Years Months Days If LESS than 1 day,	and that death occurred, on the date stated above, at m.
de H	The CAUSE OF DEATH* was as follows:
8 OCCUPATION OF DECEASED (a) Trade, profession, or	Stillow
F B W particular kind of Work	
business, or establishment in which employed (or employer)	(duration)
terms of employer (c) Name of employer	(Secondary)
9 BIRTHPLACE (city or town)	18 Where was disease contracted
by T 10 NAME OF FATUER 7	if not at place of death?
Still garrence G. actiga.	Was there an autopsy?
니 교통 및 11 BIRTHPLACE OF FATHER (city or town) // // 및	What test confirmed diagnosis? A. Wright M. D.
AH BOLL 12 MAIDEN NAME OF MOTHER MANAGER	2-10, 19.27 (Address) Hailey, Lag
13 BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14 Informant Joseph Jt. Eilright M. D.	19 Place of Burlal, Cremation, or Removal Date of Burlal
Address) Hailey, Ida-	Bellene, Ida 1-10 19 20
Address) Hailey, Ida- GRANDING STATE GRANDING STATE GRANDING STATE GRANDING STATE FILED 2-1, 19 27 Potent H. Wright Registran	20. Undertaker Now-

MALINATIA PRESERVICED FOR DINDING

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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Ŀ	PLACE OF BIRTH ECEIVED FEB 15 19	77 STATE OF IDAHO ARTMENT OF PUBLIC WELFARE			
ED le fo	County of	TUREAU OF VITAL STATISTICS 148623			
r RECORD st be made for		ERTIFICATE OF BIRTH			
		NoState File No			
EMANENT I URN must I stated.		District No. 1005 Local Registrar's No. 1			
PERMANENT RETURN must irth stated.	FULL NAME OF CHILD. (Certificate of no value without full name of child)				
A PEB E RET birth	Sex of Twin Triplet and Number in order or other? and (To be answered only in event of plural births	Legiti- mate? Date of 2 192 7 (Month) (Day) (Year)			
SEPARATI n order of	What bactericidal solution was used in eyes?				
OF P	Trained of this lection, lection process	er of child of this mother now living, including present birth.			
,	NAME O.G. Mc Nobb	MAIDEN Ana Briffeth			
77 /8	RESIDENCE	RESIDENCE Coldwelf sta			
	COLOR AGE AT LAST 2 4 BIRTHDAY (Years)	COLOR AGE AT LAST 2 / BIRTHDAY (Years)			
	BIRTHPLACE	BIRTHPLACE Self			
WITH than (d the	occupation for Cabor	OCCUPATION houseweft			
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
PLAINLY se of more each an	I hereby certify that I attended the birth of this child, who was a Stillborn at				
	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor				
WRITE B.—In ca	shows other evidence of life after birth. Give names added from a supplemental report.	(Physician or midwife)			
Ä.	, 192	1-25-1927 John S. Meyer			
	Registrar.	Regultrar.			

a said

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE PHYSICIANS sement of 0C-BUREAU OF VITAL STATISTICS 56160 CERTIFICATE OF DEATH State File No..... Registration District No..... County of Local Registrar's No. Primary Registration District No. 1005 City of (No. EXACTLY, occurred in a hospital or institution, give its name instead instead of street and number.) sidence. No. 100 (Usual place of above) (a) Residence. (If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 8EX COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word) 16 DATE OF DEATH should (Month) 5a If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I Attended deceased from (or) WIFE of ďβ 6 DATE OF BIRTH (month, day and year) 7 AGE Years Months and that death occurred, on the date stated above. at Days If LESS than day, ____ The CAUSE OF DEATH* was as follows: 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (duration) mos. which employed (or employer) .. plain terms, instructions CONTRIBUTORY (c) Name of employer (Secondary) ... (duration) yrs. mos. _ 9 BIRTHPLACE (city or town) (State or country) 18 Where was disease contracted if not at place of death?.... Did an operation precede death?..... Date of 10 NAME OF FATHER See ᇊ Was there an autopsy? . DEATH 11 BIRTHPLACE OF FATHER (city What test confirmed alagnosis? important. (State or country) (Address) 12 MAIDEN NAME OF MOTH OF. *State the DISEASE CAUSING DEATH, or in deaths from VIO-CAUSE 18 BIRTHPLACE OF MOTHER LENT CAUSES, state (1) MEANS AND NATURE OF INJURY. (State or country) and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Date of Burial 19 Place of Burial, Cremation, or state Informant. CUPATION -25-192 (Address) Address 20. Undertake should

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PLACE OF BIRTH - 845	STATE OF IDAHO			
County of FEB 5 - 199	PPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS			
City of Day tu	CERTIFICATE OF BIRTH			
No St. Registration Distri	ict No. State File No. 148717			
0,	on District No. 2/1/2 Local Registrar's No. //			
FULL NAME OF CHILD GLORGE (Certificate of	of no value without full name of child)			
Sex of Twin Triplet and Number in order or other? Child Male (To be answered only in event of plural bit)	Legiti- mate? (Month) (Day) (Year)			
What bactericidal solution was used in eyes?	0			
Number of child of this mother, including present birth 7. No	umber of child of this mother now living, including present birth			
FULL FATHER NAME Day Day	FULL MOTHER MAIDEN NAME Comma masi Hunt			
RESIDENCE Day tu	RESIDENCE Day In			
COLOR Mohito AGE AT LAST BIRTHDAY (Years)	COLOR Delice AGE AT LAST 98 (Years)			
BIRTHPLACE Utol	BIRTHPLACE Utuh			
occupation Farmer	occupation duserife			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* { Born alive } I hereby certify that I attended the birth of this child, who was { Stillborn } at				
etc., should make this return. A stillborn behild is one that neither breathes nor	Enature) Chulfaid Physician			
Give names added from a supplemental report.	ress Preston 2 da			
File Registrar.	d July 2 1927 Chr Cully Registrar.			
	,			

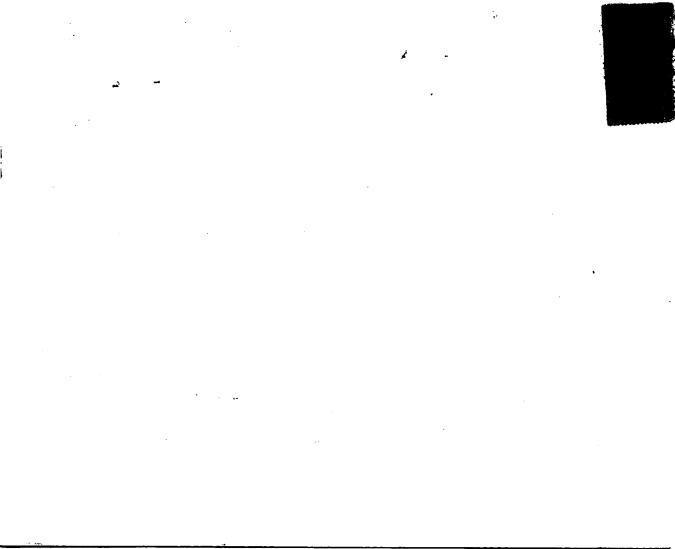
shorld Fron is	1. PLACE OF DEATH County of Franklin Registration District	et No.	Bottomio of Villandia Dillianto		
RECORD ACTLY, PHYSICIANS SI atement of OCCUPATIO	City of Dayton Primary Registration (No.	BaronStill	Tocal Pagistran's No.		
ENT RECOR. EXACTLY, 1 ct statement	PERSONAL AND STATISTICAL PARTICULARS 8. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED OWED OR DIVOR 51ngle (Write the work)	CED 16, DATE OF DEAT	Then. 14, 1927 (Month) (Month) (Month) (Month) (Month) (Month) (Month)		
ING PERMANENT id be stated EX.	6. DATE OF BIRTH Jan. 14, 1927	17. I HEREBY Jan. 14,	CERTIFY, That I attended deceased from 1926, to Jan. 14, 18,		
THIS IS A C. THIS IS A C. AGE shoul properly class:	7. AGE IF LES day hove Order Yrs Mos ds Occupation	hrs. or the CAUSE OF DE	and that death occurred on the date stated above, at		
tgin beserved infabling ink— arefully supplied. that it may be precertificate.	(a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)	(D	(Duration) yrs. mes. de		
MARGIN , WITH UNF! hould be caref terms, so that n back of certi	9. BIRTHPLACE (State or Country) Cautor, Idano 10. NAME OF Father E. M. Baron	(Secondary) (Signed)	ouration) yrs. mos. ds.		
TTE PLAINLY, information sho ATH in plain ter instructions on k	11. BIRTHPLACE OF FATHER (State or Country) 12. MAIDEN NAME OF MOTHER Anna Marie Hunt	*State the Diseas Causes, state (1) M Suicidal or Homicidal 18. LENGTH OF	e Causing Death; or in deaths from Violent eans of Injury; and (2) whether Accidental, ial. RESIDENCE (For Hospitals, Institutions,		
8 K 2 K	18. BIRTHPLACE OF MOTHER (State or Country) Utan	At place of deathyrs Where was disease	r Recent Residents.) In the		
P Every Item CAUSE OF 1	(Informant) Dayton I do	usual residence	RIAL OR REMOVAL DATE OF BURIAL 19.27		
N. B. state very	Filed Filed Local Re	20. UNDERTAKER	ADDRESS		

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E OF BIRTH 3 RECEIVED * 1008TATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Primary Registration District No.... Local Registrar's No. L. FULL NAME OF CHILD.... (Certificate of no value without full name of child) Twin Number Sex of Legiti-Triplet in order Child or other? of birth mate! SEPARATE (To be answered only in event of plural births) (Month) (Dav) (Year) Number of child of this mother now living, including present birth Number of child of this mother, including present birth FULL FULL FATHER MAIDEN NAME oirte di each, RESIDENCE 70 COLOR COLOR BIRTHDAY number (Years) BIRTHPLACE OCCUPATION the OCCUPATION 7 CERTIFICATE OF ATTENDING PHYSICIAN OR MIDW I hereby certify that I attended the birth of this child, who was on the date above stated. *When there was no attending physician or midwife, then the father, householder, (Signature) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Physician opmidwife) Give names added from a supplemental report. Address Registrar.



DEATH rtificate.	1. PLACE OF DEATH CERTIFICA PLACE OF DEATH CERTIFICA 1. PLACE OF DEATH C	TE OF DEATH BO Death	State of Idaho ARD OF HEALTH	
OF D	I ~	trict No. File No.	au of Vital Statistics 56267	
SE C	Timing Registration Disc		ered No.	
ate CAU!	If death occurs away from usual residence, give facts called for under special information. 2, FULL NAME.	P	f death occurred in thosadtal, institution or imp, ive its NAME instead of treet and number.	
mld et raction	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH 1846	
RMANENT RECORD ILY, PHYSICIANS abo T important. See insti	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-OWED OR DIVORCED 104 Null System of the State o	16. DATE OF DEATH (Month) 17. I HEREBY CERTIFY, That I a	Z/ 19 Z 7 (Day) (Year)	
ING A PERI	7. AGE IF LESS than 1 day	that I last saw h alive on	'	
RESERVED FOR BINDI DING INK — THIS IS A AGE should be stated E tement of OCCUPATION	how many hrs.	and that death occurred on the date stated above, at		
	8. OCCUPATION	The CAUSE OF DEATH* was as follows	, 3:	
	(a) Trade, profession or particular kind of work	A A A	••••••	
	(b) General nature of industry, business or estab- lishment in which employ-	Cause un	Kuowe	
F F	9. BIRTHPLACE (State or Country) State or Country)	Contributory(Secondary)		
MARGI WITH UN	10. NAME OF PATHER Q. O. Clrry	(Darstion) yrs	mos, ds.	
INLY, We carefu	11. BIRTHPLACE OF FATHER (State or Country)	(Signed) (July 1927) (Address) V 0	ding Ila	
E PLAI	12. MAIDEN NAME Flasence Oliver	*State the Disease Causing Death; or in deaths (1) Means of Injury; and (2) whether Accidenta		
WRIT	13. BIRTHPLACE OF MOTHER	18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) At place In the of death yrs		
in for	(State or Country) 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			
item of	(Informant) C. C. Serry	if not at place of death? Former or usual residence		
ry Fr	(Address) favaug	19. PLACE/OF BURIAL OR REMOYAL	DATE OF BURIAL	
-Eve	15.	Looding Ida	1/22 19/2:7	
N. B. Lielo	Filed 3 194 X Ducaumel Local Registral SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088	20. UNDERTAKER a. E. Thompson	Lovding Ha	
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STATE OF IDAHO FFR 1 40MPARTMENT OF PUBLIC WELFARE A PERMANENT RECORD RETURN must be made for birth stated. BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 148909 City of..... Registration District No. 100 State File No. St. Primary Registration District No.2/ Local Registrar's No..... Hospital FULL NAME OF CHILD..... (Certificate of no value without full name of child) Twin Number Date of Legiti-Sex of in order Triplet birth. of birth Child or other? mate? THIS IS A SEPARATE (Montă (Year) (Dav (To be answered only in event of plural births) of What bactericidal solution was used in eyes? order Number of child of this mother, including present birth_ Number of child of this mother now living, including present birth FULL FULL NAME 63 each, RESIDENCE RESIDENCE WITH UNFADING # 7 AGE AT LAST COLOR COLOR one child BIRTHDAY BIRTHDAY number (Years) (Years) BIRTHPLACE BIRTHPLACE OCCUPATION the OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDW an case of more each an WRITE PLAINLY I hereby certify that I attended the birth of this child, who was I Stillborn on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Signature) (Physician or midwife) Give names added from a supplemental report. Address Registrar.

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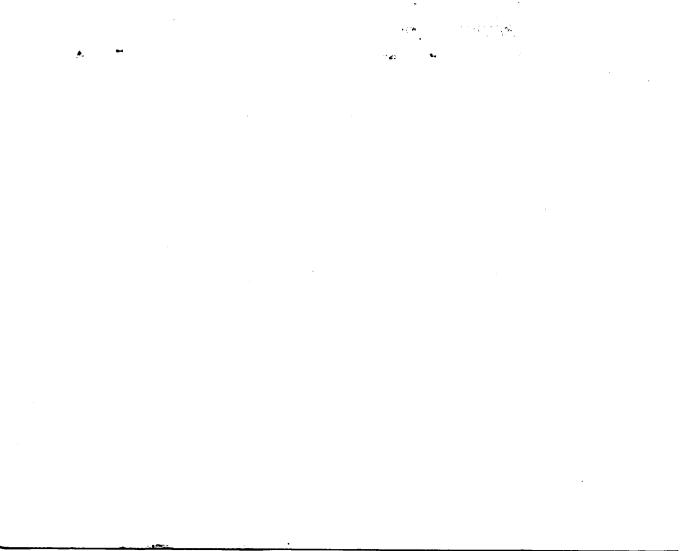
IS A PERMANENT RECORD Should be stated EXACTLY, PHYSICIANS should classified. Exact statement of OCCUPATION is	FORM V. S. No. 5-25 M. 1-19. 1. PLACE OF DEATH County of Madison. City of Rexburg, If death occurs away from usual residence, give facts called for under special information. 2. FULL N	F DEATH 100 ict No. 2178 St.)	DEPARTMENT OF VIOLENT OF VI	eath occurred in a hos-	
(ANENT RECOI ated EXACTLY, Exact statement	PERSONAL AND STATISTIC 8. SEX 4. COLOR OR BACE 5. S Male White 6. DATE OF BIRTH	CAL PARTICULARS SINGLE, MARRIED, WID- OWED OR DIVORCED Infant. (Write the word)	16, DATE OF DEATH	nuary 7 (Month) (1927 19
VED FOR NK—THIS offed. AGE	January (Month) 7. AGE Yrs				
MARGIN, WITH UNFA hould be carefuterns, so that in back of certifi	11. BIRTHPLACE		Contributory (Secondary) (Du (Signed) (Addr *State the Disease	ess) yrs	in deaths from Violent
WRITE PLAIN Item of information OF DEATH in plain t. See instructions	OF FATHER (State or Country) Utah 12. MAIDEN NAME OF MOTHER Emma Good 18. BIRTHPLACE OF MOTHER (State or Country) Idah 14. THE ABOVE IS TRUE TO THE (Informant) Walter Vince)	Causes, state (1) Mes Suicidal or Homicida 18. LENGTH OF RITANSIENTS OF At place of death	ens of Injury; and (l. ESIDENCE (For In the nosdays. State contracted ath?	2) whether Accidental, Hospitals, Institutions,yrsmosds.	
N. B.—Every state CAUSE very importan	/(Address) Rexburg., 15. Filed 1/8 1927	Idaho. Local Registrar		daho.	DATE OF BURIAL 1/8/27 19 ADDRESS Rexburg

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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STATE OF IDAHO 1922 ARTMENT OF PUBLIC WELFARE RECORD be made for BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH U State File No. Registration District No... Primary Registration District No. 2/2 & Local Registrar's No... Hospital FULL NAME OF CHILD..... (Certificate of no value without full name of child) Date of Twin Number Legiti-Sex of Triplet in order birth... Child of birth or other? matel (Month) SEPARATE (Dav) (Year) (To be answered only in event of plural births) ö What bactericidal solution was used in eves! order Number of child of this mother now living, including present birth_ Number of child of this mother, including present birth. FATHER FULL FULL MAIDEN NAME/ each, RESIDENCE RESIDENCE # 5 AGE AT LAST COLOR BIRTHDAY RISTHDAY number (Years) (Years) BIRTHPLACE CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE: of more PLAINLY Rom I hereby certify that I attended the birth of this child, who was I Stillhe on the date above stated. *When there was no attending physician or midwife, then the father, householder, CRSe (Signature) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. WRITE Give names added from a supplemental report. Address Registrar.



RECORD CTLY, PHYSICIANS should tement of OCCUPATION is	FORM V. S. No. 5-25 M 1-19 1. PLACE OF DEATH County of Madison. City of Rexburg. If death occurs away from usual residence, give facts called for under special information. Primary Registration District No. (No. Baby Bee B.				ct No. 2178	DEPARTMENT OF BUREAU OF VI State File No Local Registrar's If de pital	noath occurred in a hos- , institution or camp, its NAME instead of
<4 ₹	PERSONAL AND STATISTICAL PARTICULARS 8. SEX		16. DATE OF DEAT	nuary 23	27 19		
Sta .	(Write the word) 6. DATE OF BIRTH Jan 23 1 927 (Month) (Day) (Year)			(Month) (Day) (Year 17. I HEREBY CERTIFY, That I attended deceased from			
RESERVED FOR BINDING DING INK—THIS IS A PHILY supplied. AGE should be may be properly classified cate.	7. AGE IF LESS than 1 day how many hrs. or min.?			The CAUSE OF DEATH* was as follows: (Duration) (Signed) (Signed) *State the Disease Causing Death; or in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidenta Suicidal or Homicidal.			
	8. OCCUPATION (a) Trade, profession or particular kind of work						
MARGIN H UNFA be carefu so that if	lishment in which employ- ed (or employer)						
AINLY, WIT thon should plain terms, lons on back	Father Emer Andrew Beesley. 11. BIRTHPLACE OF FATHER (State or Country) Utah. 12. MAIDEN NAME OF MOTHER Grace Woodmanse. 13. BIRTHPLACE OF MOTHER (State or Country) Utah.						
RITE PL of informs EATH in				18. LENGTH OF RESIDENCE (For Hospitals, Institution Transients or Recent Residents.) At place In the of deathyrs		yrs,mosds.	
W.B.—Every item tte CAUSE OF D	(Informant) (Addi	BOVE IS TRUE TO TO THE COLUMN (1) ENER CAN	drew	Deesley	Former or usual residence 19. PLACE OF BUILDING		DATE OF BURIAL
N. B.— state C very in	Filed 1/	24/ 19	27 JR4	Local Registrar	20. UNDERTAKER	ung	Address Rexburg

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X, PHYSICIANS tatement of 0C-	PLACE OF DEATH CERTIFICATE OF COUNTY OF DEATH COUNTY OF REGISTRATION DISTRICT NO City of Registration District No (If death occurred in a hoppital or institution	DO NOT WRITE IN THIS SPACE STATISTICS DEATH State File No. 59024 Local Registrar's No. 4/
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD —Every item of information should be carefully supplied. AGE should be stated EXACTLY, d state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact state [TION is very important. See instructions on back of certificate.]	(If deth occurred in a hopeital or institution 2. FULL NAME (a) Residence. No. (Usual place of abode) Length of residence in city or town where death occurred yes. mos. PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word) 5a If married, widowed, or divorced HUSBAND of (or) WIFE of 6 DATE OF BIRTH (month, day and year) 7 AGE Years Months 1 day, hrs. or min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9 BIRTHPLACE (city or town) (State or country) Manicorka 10 NAME OF FATHER (city or town) (State or country) 11 BIRTHPLACE OF FATHER (city or town) (State or country) 12 MAIDEN NAME OF MOTHER Able 13 BIRTHPLACE OF MOTHER (city or town) (State or country) 14 Informant (Address) Au Au Au Au Au Au Au Au Au A	
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Carcoma, etc., of _____ (name origin; "Cancer" is

DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

ceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

	3/Y-229035-8/2 PLACE OF BIRTH RECEIVED FEB 141	097 STATE OF IDAHO	\sim
	7/. ()	BUREAU OF VITAL STA	
lo a o	County of All That	CERTIFICATE OF	BIRTH
for	City of Alweston	No. 96	148994
a de	NoSt. Registration District	No	File No.
	Hospital St. poeph Primary Registration	District No. 1009	Registered No.
Danst E	FULL NAME OF CHILD Stillmin, Lan	nghuee cate of no value without full name	e of child.)
STURN b stated	Sex of Child Twin Triplet or other? (To be answered only in event of plural bin	Legiti- mate? 465	Date of Jan. 29 1927 birth (Month (Day) (Year)
TE RE	What bacterioidal solution was used in eyes?	Silver Patra	te-
	Number of child of this mother, including present birth. 2 19 Nu		ving, including present birth
SEPARA in order	FATHER Lamphier	FULL M MAIDEN NAME // INSTITUTE	ca Hasfurther
rth a seach,	RESIDENCE Genesee, Idaho	RESIDENCE Junes	ree elda.
r of	color Whete Age at Last 3 2 BIRTHDAY (Years)	color White	AGE AT LAST 50 BIRTHDAY(Years)
e child numb	BIRTHPLACE & Slaho.	BIRTHPLACE	ale.
an one	occupation Mechanic	OCCUPATION /48W	sewife.
4.5	CERTIFICATE OF ATTENDI		VIFE*
of more	I hereby certify that I attended the birth of this child, who on the date above stated.	Was Jan 29 %	
In case	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evi-	re) AULAL	Mariela
N. B. –	(dence of life after birth. Give names added from a supplemental report. Address	to the	lcian or midwits)
	Filed. Registrar.	2-10 - 1927 8	man E Buce Registrar.

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	KEGGATO LEB I	TATE OF INTERPOLATION OF PUBLICATION OF VITAL S	DAHO JC WELFARE	DO NOT WRITE IN THIS SPACE	
NNS OC-	•	BUREAU OF VITAL S	STATISTICS	DO NOT WITTE IN THIS SPACE	
	PLACE OF DEATH	CERTIFICATE OF	DEATH State File No. 563//		
31G	County of By	Registration District No	7.6		
PHYSICI ement of	City of Lewiston	Primary Registration Distri	ct No. /409	Local Registrar's No	
H H	A	(No		· · · · · · · · · · · · · · · · · · ·	
E ty	(II death occu	rred in a hospital or institution	, give its name instead in	nstead of street and number.)	
er.	2. FULL NAME	- Laughe	<u></u>		
ECORD EXACTI Exact s	(a) Residence. No.	U	St.	Menesec, Idaly	
RECORD EXACT Exact	(Usual place of abode) Length of residence in city or town where	death occurred yrs. mos.	ds. How long in U. S.,	! nonresident give city or town and State) if of foreign hirth? yrs mos. ds.	
	PERSONAL AND STATIST		MEDICAL	CERTIFICATE OF DEATH 189	
PERMANENT hould be state erly classified.	3-SEX 4 COLOR OR RACE	5 Single, Married, Widowed,	16 DATE OF DEATH		
A sel	Tomal while	5 Single, Married, Widowed, or Diverced (write the word)	Jan	~ 2927	
N d d		1	(Month)	(Day) (Year)	
PERM should perly o	5a if married, widowed, or divorced HUSBAND of	V	17 J. HEREBY CERTIFY. That i attended deceased from 19 20, to an 29, 19 2 1, that I last saw h		
	(or) WIFE of				
THIS IS A ied. AGE nay be procertificate.	A DATE OF BIDTH (march day and march				
Eff. p.	7 AGE Years Months	Days If LESS than		, on the date stated above, at m.	
plied may		1 day,hrs. ormin.	The CAUSE OF, DEATH* was an follows:		
	8 OCCUPATION OF DECEASED		Till bor	n- had probably been	
40.00	(a) Trade, profession, or		dead one month. The mother		
G IN ully s that back	particular kind of work	710	had albumeunea:		
ADING careful s, so th	(b) General nature of industry, business, or establishment in		(duration) yrs mos ds.		
AD sar	which employed (or employer)				
ITH UNFA. hould be caplain terms, instructions	(c) Name or employer	2	(Secondary)		
15 t 5 5	9 BIRTHPLACE (city or town)	ewistry	il .	(duration) yrs mos ds.	
VITH should plain instri	(State or country)	dalu	18 Where was disease contracted If not at place of death?		
F 88 .	10 NAME OF FATHER	ω	Did an operation preced	e death? 220 Date of	
f, Wion	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	augher	Was there an autopsy?	<u></u>	
MIT TE	11 BIRTHPLACE OF FATHER (city (State or country)	or total acou	What test confirmed di	a grossis?	
A E	(State or country)	Lacien	(Signed)	M. D.	
E PLAIN of inform OF DEAT important	12 MAIDEN NAME OF MOTHER		19.4	(Address) ALL TOTAL	
Fig. 10 Puring Special Section 19 Puring Spe	1217 00-0	Jaspather	*State the DISEASE	CAUSING DEATH, or in deaths from VIO-	
WRIT item AUSE very	13 BIRTHPLACE OF MOTHER (city (State or country)	or town lenko	LENT CAUSES, state	(1) MEANS AND NATURE OF INJURY,	
		O C	and (2) whether ACCID	ENTAL, SUICIDAL, or HOMICIDAL.	
e G	14 Informant Mrs. (Seo	arbuhu	19 Place of Burial, Cre	mation, or Removal Date of Burial	
-Every state	(Address)	on Solow	Genesee	19 19	
			20. Undertaker	Address	
N. B.—Eveshould state	15 Filed 2 - 11 -, 19.27 OZ	num & True	12000 - 1	Dam & Lewished	
5 th		Togradia.	V		



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Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO made for DEPARTMENT OF PUBLIC WELFARE RETURN must be made birth stated. BUREAU OF VITAL STATISTICS OF BIRTH City of.4 Registration District No. 40 State File No. · Primary Registration District No. / P. Local Registrar's No..... (Certificate of no value without full name of child) Twin Number Date of Legiti-Sex of in order Triplet birth mate Child or other? (Month) (Year) SEPARATE (To be answered only in event of plural births) (Day) ö What bactericidal solution was used in eyes? order Number of child of this mother, including present birth Number of child of this mother now living, including present birth MOTHER **FATHER** FULL FULL MAIDEN ᄪ WITH UNFADING INK-than one child at birth a d the number of each, in RESIDENCE 124 COLOR COLOR (Years) (Years) BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE+ case of more PLAINLY I hereby certify that I attended the birth of this child, who was on the date above stated. *When there was no attending physician (Signature) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor WRITE (Physician or midwife) shows other evidence of life after birth. Give names added from a supplemental report. ż Registrar. Registrar.

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70l	RECEIVED FEB 14 1927 STATE OF II		IC WELFARE	DO NOT WRITE IN THIS SPACE			
ECORD EXACTLY, PHYSICIANS Exact statement of OC-	DIACE OF DEAMY			BUREAU OF VITAL : CERTIFICATE OF		State File No. 56369	
Sig.				Registration District No			
ient X	City of Lewiston Primary Registration Distri			Primary Registration Distr	ict No/.Q.Q.	Local Registrar's No	
t, P			(If death occu	(Norred in a hospital or institution	L give its name instead in	Ostand of street and number)	
HI SE	2.	FULL NAME		eeman Jr.		or beloof and numbers,	
RECORD EXACT Exact		(a) Residence.	No		St.	***************************************	
표 <u>표</u> 교	Ler	(Usual residence	lace of abode) in city or town where	death occurred yrs. mos.	ds. How long in U. S.,	nonresident give city or town and State if of foreign birth? yrs. mos.	
ENT RECORD stated EXACTLY, ified. Exact stat		PERS	ONAL AND STATIST	ICAL PARTICULARS	MEDICAL	CERTIFICATE OF DEATH	
AN be lass	-	sex le	4 COLOR OR RACE White	5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH	مر ای	
PERM should perly c	 5a	If married, wide	owed, or divorced		(Month)	(Day) (Year)	
	HUSBAND of (or) WIFE of				17 I HEREBY CERTIFY That I attended deceased from		
44 3 3 3 3				10	12,	1927,	
დ <u>ტ</u> .ყე	6 DATE OF BIRTH (month, day and year) Premature 7 AGE Years : Months : Days If LESS than			avs If I.Egg than	and that death occurred, on the date stated above, at 8 P		
plied. may	0 0 1 day,hrs.			1 day hea	The CAUSE OF DEATH* was as follows:		
A gitt	(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer 9 BIRTHPLACE (city or town) Lewiston, Ida. (State or country)			2			
1 P 8 8				nfant	12400000AAA-AAAAAAAAAAAAAA		
				/	(duration) yrs. mos. ds CONTRIBUTORY (Secondary) (duration) yrs. mos. ds 18 Where was disease contracted if not at place of death?		
UNFADIN be carefu terms, so ictions on							
UNFAI l be car terms, uctions				iston Ide			
ITH UNFA. should be ca plain terms, instructions							
≥ ∞ _ •		10 NAME OF F	ATHER	rd Freeman		e death? Date of	
PLAINLY, information i DEATH in oortant. Se	s	11 BIRTHPLAC	-		Was there an autopsy?		
PLAINLY informati ? DEATH portant.	ENT	11 BIRTHPLACE OF FATHER (city or town) (State or country) Minnesota		What test confirmed diagnosis?			
E PLAIN of informs OF DEAT important.	AR	12 MAIDEN NA	ME OF MOTHER		1/14 , 19.2	7 (Address)	
TE P of ii E OF impo	Cerilla Bradshaw 13 BIRTHPLACE OF MOTHER (city or town)				*State the DISEASE CAUSING DEATH, or in deaths from VIO		
WRITE y item of CAUSE C		(State or con		lipsburg. Mont.		(1) MEANS AND NATURE OF INJURY ENTAL, SUICIDAL. or HOMICIDAL.	
# o." ∣	14 Informant Edward Freeman			19 Place of Burlal, Crer	·		
-Ever state		(Address)	Lewi	ston, Ida.	11	larkston Wn 1/13/27 19	
N. B.—Eve should stat	15	Filed 2 -//	a, 1927 St	san E Bruce Registrar	20. Undertaker H.K.M	Marketen Valente	

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ED FEB 19 1921 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of CERTIFICATE OF BIRTH City Registration District No. File No. Primary Registration District No. Hospital PERMANENT FULL NAME OF CHILD MA (Certificate of no value without full name of child.) Number Twin Legitiin order Date of Sex of Triplet and mate? of birth or other? Child (To be answered only in event of plyral births) (Year (Month) (Day) What bacterioidal solution was used in eyes?.. Number of child of this mother now living, including present birth..... Number of child of this mother, including present birth..... MOTHER FULL FULL FATHER MAIDEN NAMÈ NAME RESIDENCE child at birth a a RESIDENCE UNFADING AGE AT LAST COLOR AGE AT LAST COLOR BIRTHDAY BIRTHDAY ... (Years) (Years) BIRTHPLACE BIRTHPLACE than one and the n OCCUPATION CERTIFICATE OF ATTENDING WRITE PLAINLY I hereby certify that I attended the birth of this child, who we (Born alive or stilling on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., (Signature) should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. vsician or midwife) Z. Give names added from a supplemental report. Filed Registrat Registrar.

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		DECEIVED MAR DEPLOYMENT OF PUBL	DAHO
2 5 2 5		RICE TO RITERATE OF WITHAT OF	IC WELFARE DO NOT WRITE IN THIS SPACE
ANS -		PLACE OF DEATH CERTIFICATE OF	
SICL t of	C.		DEATH State File No
rys		ty of Registration District No	Local Registrar's No. 4290
E H	01	(No.	
LY, state		(If feath occurred in a heapital or institution	give its name instead instead of street and number.)
	2.	FULL NAME what Contras	,
E CON	ŀ	(a) Paridona W. 430 M 3	A
RECORD EXACTLY Exact sta	_	(liging) migraph of abodo)	St. (If nonresident give city or town and State)
₩	Le	ngth of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. 4s.
PERMANENT hould be stated erly classified.		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
NE e s ussi	8	SEX 4 COLOR OR BACE 5 Single, Magried, Wildowed,	16 DATE OF DEATH
P C P	-	or Divorged write the world)	Lebruary 10. 127.
	7	M manufact suddened and	(Month) (Day) (Year)
PER shoul perly	Ja	If married, widowed, or divorced HUSBAND of	
		(Or) WIFE of	17 HEREBY CERTIFY, That I attended deceased from
IS AGE Pro		Q	19.17, to 10.19.1
Er g	7	ATE OF BIRTH (month, day and year)	that I last saw held after on the Lo 1927,
H S S S	Ζ,	Months Days I If LESS than 1 day,hrs.	and that death occurred, on the date stated above, at m.
	_	ormin.	The CAUSE OF DEATH* was as follows:
NK-TH supplied it may k of cer	8	OCCUPATION OF DECEASED	still from
G IN Illy s that back		(a) Trade, profession, or particular kind of work	
		(b) General nature of Industry.	
ADIN carefi s, so		business, or establishment in which employed (or employer)	(duration) mos ds.
FA Ca ms, ons		(c) Name of employer	CONTRIBUTORY
UNEA be c terms		9//	(Secondary)
	9	BIRTHPLACE (city or town) (State or country)	(duration) yrs ds.
TH nould lain nstr		(State or country)	18 Where was disease contracted if not at place of death?
- S -		10 NAME OF FATHER	Did an operation precede death? Date of
See See		Their courses	Was there an autopsy?
Taging	T.S	11 BIRTHPLACE OF FATHER (city or town) (State or country)	What test confirmed dagnosis? Still Bown
E E E	ENT	(State of country) messes	(Signed) M. D.
PLAD inform F DEA portan	ARI	12 MAIDEN NAME OF MOTHER O	7/0727 19 (Address) Nagarage
of i	ď	(Kill M. Makon	(Additional)
HOH		13 BIRTHPLACE OF MOTHER (city of Rown)	*State the DISEASE CAUSING DEATH, or in deaths from VIO-
WRIT item AUSE very		(State or country)	LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,
	14	W. W.	and (2) whether ACCIDENTAL, SUICIDAL. or HOMICIDAL.
ti o .:i	17	Informant / Colf Callins	Place of Burial, Cremation, or Removal Date of Burial
-Ever state ION		(Address) locality delily	Mountain King Fob 1, 1927
[편티		-2/2	20. Undertäker
N. B. shoul	15	Filed 2-11, 1927 Moung!	Schunscher Stale Cini
Sp. N	_	Registrar	Demuscher Holl wie

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTIC State File No..... Primary Registration District No. 1007 Local Registrar's No... If death occurs away from If death occurred in a hosusual residence, give facts pital, institution or camp, give its NAME instead of called for under special instreet and number. formation. 2. FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR BACE 5. SINGLE, MARRIED, WID-2 SEX OWED OR DIVORCED 16. DATE OF DEATH (Write the word) 8. DATE OF BIRTH I HEREBY CERTIFY, That I attended deceased from 12 1927 to Jew 12 1927 (Month) (Day) (Year) that I last saw h alive of till and 19 ... 7. AGE IF LESS than 1 day how many The CAUSE OF DEATH* was as follows: Yrs. Mos. 8. OCCUPATION (a) Trade, profession or particular kind of work...... (b) General nature of industry, business or estab-(Duration) yrs. mes. lishment in which employ-Contributory ed (or employer)..... (Secondary) 9. BIRTHPLACE (State or Country) 11. BIRTHPLACE *State the Disease Causing Death; for in deaths from Violent OF FATHER Causes, state (1) Means of Injury; and (2) whether Accidental, (State or Country) Suicidal or Homicidal. 12. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 18. BIRTHPLACE In the At place of death.....yrs.....mos.....days. State.....yrs.....mos.....ds. OF MOTHER (State or Country) Where was disease contracted if not at place of death? 14. THE ABOVE IS TRUE TO THE BEST Former or (Informant) 12 usual residence SOCKNESS HRTAKE ADDRESS.

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	STATE OF H	2440	
	RECEIVED MAR 7 1977 STATE OF II		
NINS 00-	BUREAU OF VITAL S		
	PEACE OF DEATH CERTIFICATE OF	A Y	
SICI	County of Donner Registration District No	Local Doriginaria No.	
ent ent	City of Sandpoint Primary Registration Distri	ct No. 2/22	
	(No	give its name instead instead of street and number.)	
LY, sta		4),	
ORD ACT act	2. FULL NAME emfant Mashburn		
OM M	(a) Residence. No. (Usual place of abode)	St. (If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
ഷം വ	Length of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
''X' •	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3 SEX 4 COLOB OR RACE 5 Single, Married, Widowed,	16 DATE OF DEATH	
A a a	Temale White on Divorted (write the word)	Stellouth 19	
	5a If married, widowed, or divorced	(Month) (Day) (Year)	
S A PERMAN GE should be properly class ate.	HUSBAND of	17 I HEREBY CERTIFY, That I attended deceased from	
주 변 등 학	(or) WIFE of	, 19, to, 19,	
2	6 DATE OF BIRTH (month, day and year) a Feb 1. 1927	that I last saw h alive on	
THIS ied.	7 AGE Years Months Days If LESS than	and that death occurred, on the date stated above, at m.	
<pre>KK—THI supplied. it may k of cert</pre>	Stillbuth or	The CAUSE OF DEATH Was as TOTAWS:	
	8 OCCUPATION OF DECEASED	1114 1903 199	
INK y suj at it	(a) Trade, profession, or particular kind of work	popully gelloery	
	(b) General nature of industry,		
ADIN carefu s, so ns on	business, or establishment in which employed (or employer)	(duration) yrs	
Ca.	(c) Name of employer	(Secondary)	
UNFADING be careful terms, so the careful terms, so the careful actions on the careful careful terms.		(duration) yrs mos ds.	
부담들	9 BIRTHPLACE (city or town) Name port of a da a lo.	18 Where was disease contracted If not at place of death?	
- S2 -	10 NAME OF FATHER OF	Did an operation precede death? Date of	
See Fig. 3	Chest. Hashburn	Was there an autopsy?	
Hati.	11 BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?	
LAINLY iformati DEATH rtant.	(State or country) Michigan	(Signed) M. D.	
	12 MAIDEN NAME OF MOTHER W	Jeb. 3 1967 (Address) Sandforgic	
E ST THE	a relie 16. Johnson	*State the DISEASE CAUSING DEATH, or in deaths from VIO-	
H H H	13 BIRTHPLACE OF MOTHER (city or town)	LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,	
WRITI y item of CAUSE s very i	(State or country)	and (2) whether ACCIDENTAL, SUICIDAL. or HOMICIDAL.	
	14 Informant Mhas A Mas Monson	19 Plan of Burial, Cremation, or Removal Date of Burial	
	(Address)	Sakenew Cometery Jet, 7 1927	
~ ⊑	Colourn, ora allo.	29. Undertake	
. B nould UPAT	15 Filed Feb 3, 19 d 7 Viola allen	The Man I had alrowed Ma	
she CU	hefouty Registrar	"C). 7. 1100 m HAMINGUM, 1001,	
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Do not accept a certificate of death signed only by a midwife.

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IX, PHYSICIANS statement of 0C-	RECEIVED MAR 7 PLACE OF DEATH County of Count			DEATH ot No. 2/55	DO NOT WRITE IN THIS SPACE State File No. 56549 Local Registrar's No
		FULL NAME (MALLINGYM)		C4	
RECORD EXACT Exact		a) Residence. No	red yrs. mos.	ds. How long in U. S.,	nonresident give city or town and State) if of foreign birth? yrs. mos.
`` '		PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL	CERTIFICATE OF DEATH
MAN d be class	2	Male That or RACE 5 Single, or Divorce	Married, Widowed, d (write the word)	16 DATE OF DEATH	McGague 25 1927
⊸s do .	5a	If married, widowed, or divorced HUSBAND of (or) WIFE of		17 I HEREBY	CERTIFY, That I attended deceased from
IS IS AC	6 DATE OF BIRTH (month, day and year) Jef. 25, 1936 7 AGE Years Months Days If LESS than 1 day, hrs. or min.			that I last saw h alive on	
T 를 프	8 OCCUPATION OF DECEASED				
ac at		(a) Trade, profession, or particular kind of work			
ADING carefulls, so the		(b) General nature of industry, business, or establishment in which employed (or employer)			(duration) yrs mos ds.
UNFA be ca terms,		(c) Name of employer		CONTRIBUTORY(Secondary)	
VITH UNFA. should be caplain terms, instructions	9	BIRTHPLACE (city or town)	nst ko	18 Where was disease c	(duration) yrs mos ds. ontracted ath?
on sh in pl	- ∥	10 NAME OF FATHER William	Colomb-	Did an operation preced	Date of
Hati	PARENTS	11 BIRTHPLACE OF FATHER (city or town) (State or country)	Perry.	What test confirmed di	·)
E PLAIN of inform OF DEAT important	PAR	12 MAIDEN NAME OF MOTHER Bessie	Xeppson	2-45 7 19.3	(Address)
WRITE r item of CAUSE C		13 BIRTHPLACE OF MOTHER (city or town) (State or country)	ancioft.	LENT CAUSES, state	CAUSING DEATH, or in deaths from VIO- (1) MEANS AND NATURE OF INJURY, DENTAL, SUICIDAL, or HOMICIDAL.
V-Every istate CA	14	Informant William Colo (Address)	nel	19) ce of Burial, Cre	mation, or Removal Date of Brital
N. B.—E should st CUPATIC	15	Filed Feb 27, 1927 Viola	Allen Registrar	1. A. Moor	Address Address Adda

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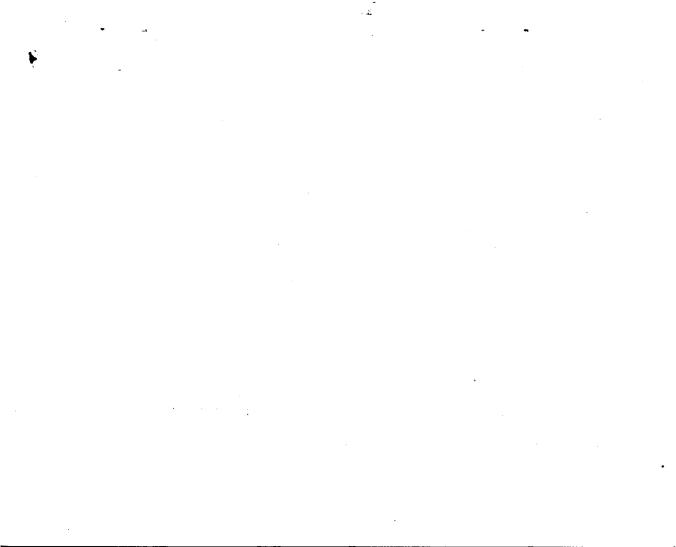
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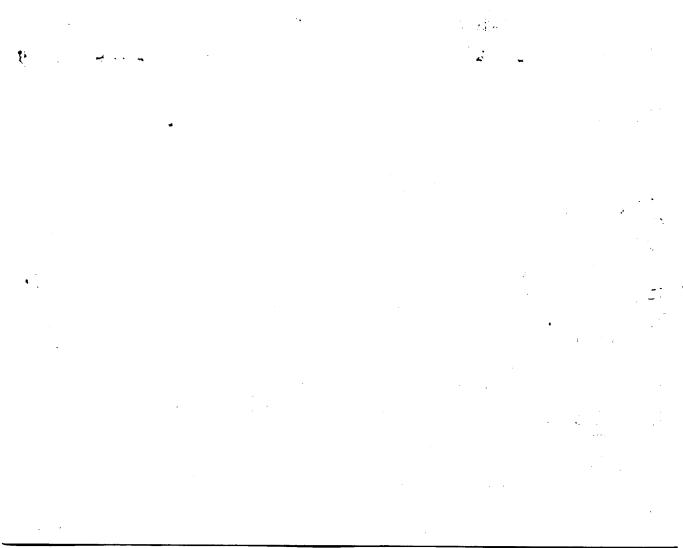
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E OF IDAHO RECEIVED FEBOREARUMENT OF PUBLIC WELFARE made for BUREAU OF VITAL STATISTICS Registration District No..... State File No. URN must betated. PERMANENT ..Local Registrar's No.... Hospital Primary Registration District (Certificate of no value without full name of child) birth Date of Number Twin Legiti-Sex of Triplet in order birth....**./**...... or other? Child of birth mate? SEPARATE (Month) (Year (To be answered only in event of plural births) What bactericidal solution was used in eyes? order THIS Number of child of this mother, including present birth Number of child of this mother now living, including present birth. MOTHER **FATHER** FULL FULL a ii MAIDEN NAME G INK birth a each, RESIDENC RESIDENCE 70 COLOR COLOR 21 child BIRTHDAY number (Years (Years) BIRTHPLACE BIRTHPLACE опе OCCUPATION the than CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE+ of more Rorn all WRITE PLAINLY I hereby certify that I attended the birth of this child, who was i Stillborn on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor Case ((Signature) sician or midwife) shows other evidence of life after birth. Give names added from a supplemental report. Address Filed.... Registrar. Registrar.



	RECEIVED FEB 18 1927 STATE OF I		
	RECEIVED FED TO TOOL STATE OF I		
NNS OC-	RIIREAII OF VITAL	CT A TICTURE	
CIA of C	PLACE OF DEATH CERTIFICATE OF	DEATH State File No. 56550	
SI(County of Boundarillo Registration District No.		
PHYSICIANS ement of OC-	City of Idaho Valla. Primary Registration Distr	ict No Local Registrar's No	
ţ,	(No)	
ECORD EXACTLY, Exact stat	2. FULL NAME Still Box. ?.	n, give its name instead instead of street and number.)	
RECORD EXACT Exact			
EX EX	(Haval place of chode)	St. (If nonresident give city or town and State)	
۳ <u>.</u>	Length of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
PERMANENT 1 hould be stated erly classified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
AN be	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH	
	Hemela while ma sinh.	Jan / 1027	
PER should perly	5a If married, widowed, or divorced	(Month) (Day) (Year)	
∞ C 4	HUSBAND of (or) WIFE of	17 I HEREBY CERTIFY, That I attended deceased from	
IS A AGE projecte.	- Saby.	//27 , 19 , to ///27, 19	
S d H	6 DATE OF BIRTH (month, day and year) 7 AGE Years Months Days If LESS then	that I last saw h alive on	
-THIS plied. may b	1 day, hrs.	and that death occurred, on the date stated above, at m.	
NK—TH supplied it may k of cer	8 OCCUPATION OF DECEASED	The CAUSE OF DEATH* was as follows:	
f INE lly su hat it back		- July John	
G III IIII : that back			
ADIN carefu s, so	(b) General nature of industry, business, or establishment in	(duration)yrs mos ds.	
ca. ca. ns,	which employed (or employer)(c) Name of employer	CONTRIBUTORY Harde Jahor.	
ITH UNFA. hould be ca lain terms, instructions		(Secondary)	
ru (ould lain t	9 BIRTHPLACE (city or town) States Falls.	18 Where was disease contracted	
WITH shou plain		If not at place of death?	
See See	10 NAME OF FATHER Harold Olseni.	Did an operation precede death? Date of	
Kit H	0 11 BIRTHPLACE OF FATHER (city or town)	Was there an autopsy?	
E PLAIN. of inform. OF DEAT	(State or country)	(Signed) M. D.	
F P P	12 MAIDEN NAME OF MOTHER	1/1/27, 19 (Address) 224 Earl Bed	
HO H	" Victoria anderson.	de Falls.	
SE T	13 BIRTHPLACE OF MOTHER (city or town) (State or country)	*State the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,	
WRIT item AUSE very	daho tallo.	and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
გე <u>ფ</u>	14 Informant Darold Steen	19 Place of Burial, Cremation, or Removal Date of Burial	
-Ever state ION	(Address) 202 Obamba Line 1.0.7	1 (1/3 192)	
ATI	- Communication of the	20. Undertaker Address	
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Z 72 D	Registrat	- Court	

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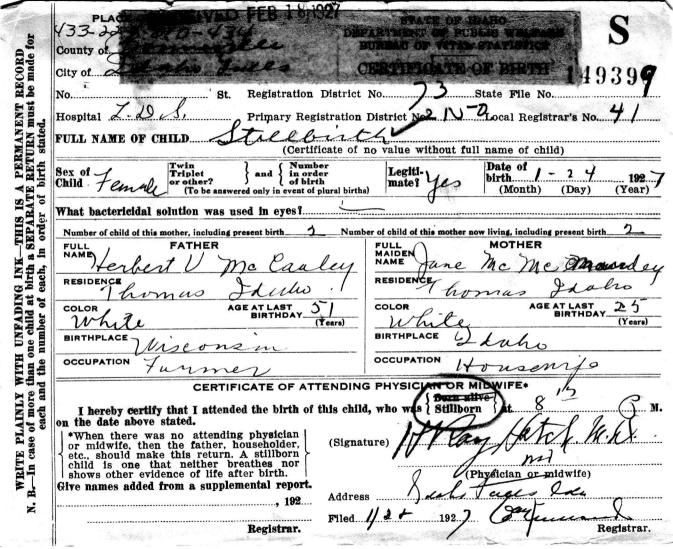
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238=/RESOF BIRTH STATE OF EDAHO DEPARTMENT OF PUBLIC WELFARE 1927 REAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. State File No. Primary Registration District No.....Local Registrar's No..... FULL NAME OF CHILD. RETURN (Certificate of no value without full name of child) Number Date of Legiti-Sex of in order Triplet birth. or other? mate! 2 Child (Month) (To be answered only in event of plural births) (Day) (Year) What hactericidal solution was used in eyes?..... Number of child of this mother, including present birth ________ Number of child of this mother now living, including present birth MOTHER **FATHER** FULL FULL MAIDEN NAME RESIDENCE COLOR COLOR BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDW I hereby certify that I attended the birth of this child, who was I Still err on the date above stated. •When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. PLA (Signature) WRITE (Physician or midwife) Give names added from a supplemental report. Registrar.

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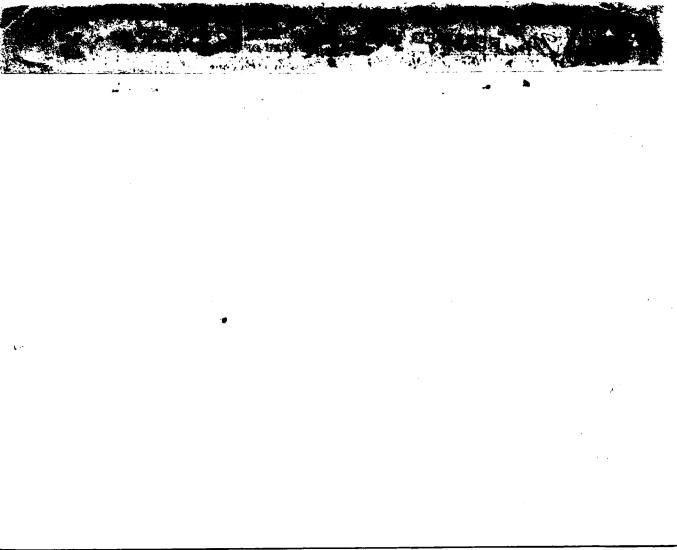
H d		TE OF DEATH	State of Idaho	
r DR/	1. PLACE OF DEATH RECEIVED WAS Segisted District No	· · · · · · · · · · · · · · · · · · ·	BOARD OF HEALTH Bureau of Vital Statistics	
2	County of Primary Registration Dist	rict No.	File No. 30018	
54		St.)	Registered No.	
tate CA	If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME.	amed	If death occurred in a hospital, institution or eamp, give its NAME instead of street and number.	
ould s ructio	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
NENT RECORD PHYSICIANS & Portant. See inst	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-OWED OR DIVORCED (Wyrke the word.) 6. DATE OF BIRTH	16. DATE OF SEATH (Mont	5 - 25 19 (Year)	
TLY,	(Month) (Day) (Year)	7007	That I attended deceased from	
IS A PRICE TON IS YOU	7. AGE Still feet how many hrs. 17. AGE 18. LESS than 1 day 19. LESS than 1 day	that I last say have on and that death occurred on the	- attrict 10	
HIS NPAT	8. OCCUPATION	The CAUSE OF DEATH was		
	(a) Trade, profession or particular kind of work.		lucente, and	
G INK	(b) General nature of in- dustry; business or estab- lishment in which employ- ed (or employer)	Arenochoye		
TH UNFADING y supplied. AG: Exact statement	9. BIRTHPLACE (State or Country)	(Duration) Contributory / Mak.	Gradens de	
	10. NAME OF Serry Calvin Schreen	(Duration)	yrsdsds.	
NLY, W. careful	11. BIRTHPLACE OF FATHER	(Signed)	Jacob W. S.	
PLAII	(State or Country) 12. MAIDEN NAME OF MOTHER	*State the Disease Causing Death; of (1) Means of Injury; and (2) whether	r in deaths from Violent Causes, state Accidental, Suiddal or Hemicidal.	
WRITE mation al	13. RIRTHPLACE OF MOTHER Offularmala		dents.). In the	
inferi	(State of Country) 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs, mos days. State yrs mos days.		
e that	(Informant) Les Schrecary orto	if not at place of death? Former or usual residence		
ery it	(Address)	19. PLACE OF BURIAL OR RI	EMOVAL DATE OF BURIAL	
B.—Ev Plain to	Filed 19 Lagrofth	20. UNI	Appress	
e.s	SYMP-YORK CO., PRINTERS & BURDERS, BOISE 51088	Fathe	Emmes	

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	A ACKOR MINE	624	A STATE OF	IDAHO	
	Mus Mus PER	ED WAR J. II	PARTMENT OF P	UBLIC WELFARE L. STATISTICS	S
RECOR!	No. S	t. Registration Distri	10	OF BIRTH	149703
PERMANENT RETURN must rth stated.	Hospital		on District No. 20/		r's No. 55
PERMANE RETURN m irth stated.	FULL NAME OF CHILD	•••••••••••••••••••••••••••••••••••	of no value without	ull name of child)	
	Child Jenuale Twin Triplet or other? (To be ans	and Number in order of birth wered only in event of plural bi	Legit- 100 mater 110	Date of ZS birth (Month)	192.7 Day) (Year)
⊢ ₹	What bactericidal solution was	used in eyes?			
THIS SEPAR order	Number of child of this mother, including	present birth ZNu	mber of child of this mother	now living, including pre	sent birth
a ==	FULL FATHER		FULL MAIDEN BENTA	MOTHER WASH	Pollow
25 E	RESIDENCE Jused to	+00	RESIDENCE	rt. 200	do
	COLOR	AG AT LAST BIRTHDAY (Years)	color	AGE AT	RTHDAY 26 (Years)
one num	BIRTHPLACE		BIRTHPLACE 2	lissow	ri,
VITI tan the	OCCUPATION		OCCUPATION	fouseur	rvsk
of more tiesch and	I hereby certify that I attended the birth of this child, who was Still orn attended to the birth of this child, who was Still orn at the late above stated.				
⊊ 8	*When there was no attendi or midwife, then the father, etc should make this return child is one that neither	householder, (Sign . A stillborn >	nature)	Stron	i W.D
WRITE N. B.—In ca	shows other evidence of life Give names added from a supplement	after birth.	\mathcal{M}	Physician or midv	rife) 1
Z		Registrar. Filed	$3-5^{\circ}$ 192 7	alter	Registrar.



	RECEIVED MAR 7 1927 STATE OF I	DAHO
	RECEIVED MAR 7 192/ STATE OF I	
ANS OC-	BUREAU OF VITAL	STATISTICS 56662
of 6	PLACE OF DEATH CERTIFICATE OF	1/4
	County of Managed Registration District No	
PHYSIC ement	City of Laut Primary Registration Distr	ict No. 50 / 5 Local Registrar's No. Q
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fat,		n, give its name instead instead of street and number.)
AH.	2. FULL NAME / Sary / suard.	
ECORD EXACTLY, PHYS Exact statement	(a) Residence. No.	St.
	(Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	(If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
'9' . I	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed,	16 DATE OF DEATH
las:	or Divocoed (write the word)	The state of the s
N G G		(Month) (Day) (Year)
S A PERM GE should properly of	5a If married, widowed, or divorced HUSBAND of	
02 <u>52,</u>	(or) WIFE of 4. 1. 1094	17 I HEREBY CERTIFY, That I attended deceased from
	- N. W. 11, 17 h	7.2.12 11 - , 19/22 /, to, 19,
w 本語	6 DATE OF BIRTH (month, day and year)	that I last saw h alive on
plied. may b	7 AGE Years Months Days If LESS than 1 day,hrs.	and that death occurred, on the date stated above, at m.
IK—THI upplied. it may of cert		The CAUSE OF DEATH* was as follows:
	8 OCCUPATION OF DECEASED	
G IN olly s that back	(a) Trade, profession, or particular kind of work	Julion Due
	(b) General nature of industry.	
ADING careful s, so the	business, or establishment in which employed (or employer)	(duration) yrs mos ds.
FA CS ms,	(c) Name of employer	(Secondary)
UNFADING be careful terms, so tl actions on l	100	(duration) yrs mos ds.
79 _ F	(State or country) 22/2 (Q	18 Where was disease contracted
VITH should plain instr	(state of country) Minedoka (o dalo	If not at place of death?
اه ہے ≈ ≰	10 NAME OF FATHER MALE	Did an operation precede death? Date of
A SH SO	The second second	Was there an autopsys
PLAINLY, information ? DEATH ir ortant. Se	11 BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?
E PLAIN of inform OF DEAT important	in state of country, not known	(Signed) , M. D.
Fri E	12 MAIDEN NAME OF MOSTHER	19(Address)
H GO H	- Javanar Journa	*State the DISEASE CAUSING DEATH, or in deaths from VIO-
WRITE item of AUSE 0	(State or country)	LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,
WRIT y item of CAUSE s very i	- Long Aman / Imoun	and (2) whether ACCIDENTAL, SUICIDAL. or HOMICIDAL.
	14 Informant X 166 Stuchton	19 Place of Burial, Cremation, or Removal Date of Burial
-Every state C ION is	(Address)	B. C. 1927
	- an aa.	20. Undertaker A Address
B ould	15 Filed 2-11, 1927 MEhren	DE VI
shc Cu	Registrar	" W.G. Johnson Jamey
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EXACTLY, PHYSICIANS Exact statement of OC-	PLACE OF DEATH County of Nezperce Registr City_of Lewiston, Primar	n Flock	DO NOT WRITE IN THIS SPACE STATISTICS DEATH State File No. 566.7.5 Local Registrar's No. give its name instead instead of street and number.)	
d be stated classified.	PERSONAL AND STATISTICAL PA 3 SEX	RTICULARS , Married, Widowed, reed (write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH FLORE 25 1927	
AGE should be be properly class ficate.	5a If married, widowed, or divorced HUSBAND of (or) WIFE of 6 DATE OF BIRTH (month, day and year) Pep. 25 1927		(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from 1927, to 125, 1927, that I last saw her alive on Still form, 19	
upplied. it may b	7 AGE Years Months Days Stillborn 8 OCCUPATION OF DECEASED	0. 25, 1927 1	and that death occurred, on the date stated above, atm. The CAUSE OF DEATH* was as follows: Show one week. Mollie had Milliany. (duration) yrs mos ds.	
refully so tha	(a) Trade, profession, or particular kind of work(b) General nature of industry, business, or establishment in which employed (or employer)			
should be can plain terms, instructions	9 BIRTHPLACE (city or town) Lewiston, [State or country)	A 30 II	(Secondary) (duration) yrs. mos. ds. 18 Where was disease contracted if not at place of death?	
ره ـ " ≤	10 NAME OF FATHER M.T.Flock		Did an operation precede death? 20 Date of	
of information OF DEATH ir important. Se	11 BIRTHPLACE OF FATHER (city or town) Anatone, Wash 12 MAIDEN NAME OF MOTHER Maida A Appleford 13 BIRTHPLACE OF MOTHER (city or town) (State or country) Asotin, Wash.		(Signed) AMA (Address) Classical Williams	
w E.I. item AUSE very			*State the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL	
-Every state C	Informant M.T.Flock (Address) Anatone Wash		19 Place of Burial, Cremation, or Removal Date of Burial Clarks ton, Wash 2/26/27	
N. B.—Every should state CUPATION is	15 Filed Mar 9 , 1927 Suran E	Registrar	20. Undertaker H.R.Men chant: larkslow	

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Registrar.

	1.0 1007 CTATE OF T	DATIO	
מ בנ	RECEIVED MAR 12 1927 STATE OF II	LIC WELFARE DO NOT WRITE IN THIS SPACE	
PHYSICIANS sment of 0C-	PLACE OF DEATH BUREAU OF VITAL S CERTIFICATE OF		
SIC	County of Registration District No		
HY ient	City of Lacuster Primary Registration Distri	ict No. 1009 Local Registrar's No.	
~ .	(No(If /digath occurred in a hospital or institution	n, give its name instead instead of street and number.)	
ECORD EXACTLY, PHYS Exact statement	2. FULL NAME dillon Burton	<u> </u>	
CORD XACT xact	(a) Residence. No. 508 - 6 there		
⊠ = ∥	(Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos.	
'92 . II	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
PERMANENT hould be state erly classified	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF BEATH	
B.M.	Male While Jungle	(Month) (Day) (Year)	
	5a If married, widowed, or divorced HUSBAND of	17 HEREBY CERTIFY, That attended deceased from	
A Fig 5.	(or) WIFE of	7 lf 24, 1927, to 4 ff 24, 1927.	
AG AG IS	6 DATE OF BIRTH (month, day and year) $2/24/27$	that I last saw bon alive on still form 19	
THIS may certi	7 AGE Years Months Days If LESS than 1 day,hrs.	and that death occurred, on the date stated above, at	
E	8 OCCUPATION OF DECEASED /		
M 9 12	(a) Trade, profession, or	months foe dura, had been leax	
- 4 a a l	particular kind of work	several days:	
ADING carefull s, so the	business, or establishment in which employed (or employer)	(ddration) yrs mos ds.	
UNFADING be careful terms, so tl	(c) Name of employer	(Secondary)	
	9 BIRTHPLACE (city or town) Kerwiston	(duration) yrs mos ds.	
WITH should plain e instr	(State or country)	18 Where was disease contracted If not at place of death?	
on ship it is p	10 NAME OF FATHERNOS O. Bruton	Did an operation precede death? 225 Date of	
HEN	11 BIRTHPLACE OF FATHER (city or town) (State or country)	What test confirmed diagnosis?	
PLAINLY informati i DEATH oortant.	West	(Signed) and M. D.	
· H H	12 MAIDEN NAME OF MOTHER Brutan	2/24 19 2 (Address) Little Isla	
H G S	13 BIRTHPLACE OF MOTHER (city or 19wn)	*State the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,	
WRITE 7 item of CAUSE 0 8 very im	(State or country)	and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
	14 Informant January	19 Place of Burial, Cremation, or Removal Date of Burial	
-Ever state	(Address) Lewiston Iduhu.	Kewister Heles 2/24 1927	
N. B.—Eve thould stat SUPATION	18 Fled Mas 9 1927 Sum E Bruce	20. Undertaker	
Sho Cu	Registrar	11 morr Warn Co. Dewiston	
	Å		

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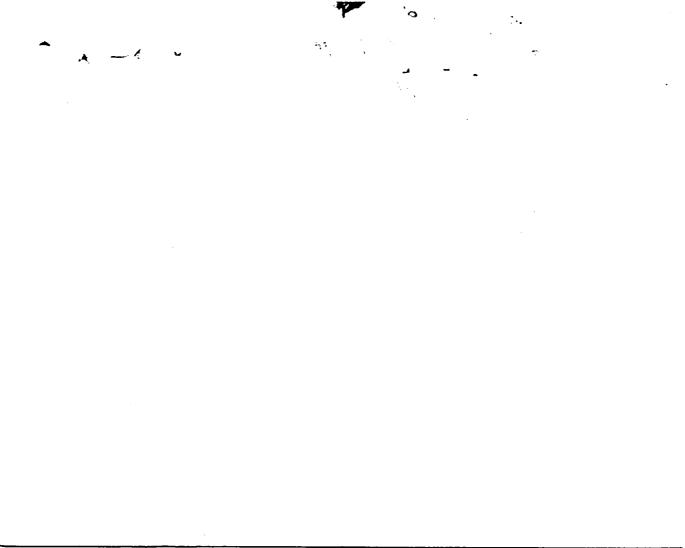
SUPPRESENTATION OF THE VIEWS

ORDINELAW

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Cit 2.	PLACE OF DEATH PLACE OF DEATH PLACE OF DEATH OUT OF PUBLICATE OF REGISTRATION DISTRICT NO Ty of Primar Registration District No (a) Residence. No. S. Color of shode) (Usual place of shode)	DO NOT WRITE IN THIS SPACE State File No
3	PERSONAL AND STATISTICAL PARTICULARS SEX	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) 19 27, to 19 27
6 DATE OF BIRTH (month, day and year) Fully 7 AGE Years Months Days If LESS than day, hrs. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		and that death occurred, on the date stated above, at
14 DARENTS	10 NAME OF FATHER DECKLES 11 BIRTHPLACE OF FATHER (city or town) 12 MAIDEN NAME OF MOTHER PALEACE Jourse 13 BIRTHPLACE OF MOTHER (city or town) (State or country) 14 MAIDEN NAME OF MOTHER (city or town)	(duration) yrs. mos. ds. 18 Where was disease contracted if not at place of death? Did an operation precede death? A.A. Date of
	2. Lei 3 8 9 SLNBANG	County of County

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner. (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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	692 112 801 -69 2 1007					
		STATE OF IDAHO				
Į.	County of Q	BUREAU OF VITAL STATISTICS.				
g-g-g						
RECORD be made for	City Oi	CERTIFICATE OF BIRTH				
2	No. 2011 Registration Distric	No. 2 State File No. 149896				
NT ust		District No. 104 Local Registrar's No. 10				
PERMANENT RETURN must rth stated.	FULL NAME OF CHILD (Stulland) win					
PERMAN RETURN irth state	(Certificate of	no value without full name of child)				
HE SE	Sex of Twin \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Legiti-				
_ = =	Child Triplet and in order of birth (To be answered only in event of plural birt	mates 10 0 Dirth111/000				
SEPARATE of b						
E E	What bactericidal solution was used in eyes?					
SEPAR order		aber of child of this mother now living, including present birth				
الشما	FULL FATHER	FULL MOTHER				
	Clark Tupton	NAME Class Wiseman				
Bir Bir	RESIDENCE Jun 3 alla Sdafe	RESIDENCE Surn 3 alla 3 dalla				
ADIN ld at or of	COLOR AGE AT LAST 30	COLOR AGE AT LAST BIRTHDAY (Correl)				
UNFAD one child number	BIRTHPLACE ON O	BIRTHPLACE				
one num	BIRTHPEACE BOND	Washington				
WITH than o	occupation James	occupation Lourework				
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
of more each an	I hereby certify that I attended the birth of this chi	ld. who was Stillborn at 6, 12 0				
AINI of mo						
	*When there was no attending physician or midwife then the father householder. (Sign	ature).				
	or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor					
WRITE —In ca	shows other evidence of life after birth.	(Physician or midwife)				
ĺ pai	Give names added from a supplemental report.	ess				
z	, 192	3-29 1927 N. N. Trail				
	Registrar.	Registrar.				

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		ADE	DEASTMENT OF PUBL	DAHO LIC WELFARE DO NOT WRITE IN THIS SPACE
		PLACE OF DEATH	BUREAU OF VITAL	STATISTICS
of CIT	_	CAA!	CERTIFICATE OF	State File No. 56762
rSI t	C	ounty of	Registration District No	
LY, PHYSICIAN statement of OC	Ci	ity of Jacce	Primary Registration Distri	
a a		67 death comm	(No. Davalion	- Wray Hame,
12 tg	2	FULL NAME Saley	Wiseman	n, give its name instead instead of street and number.)
45 t	~ .		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
EXACTIY, Exact stat	_	(a) Residence. No. (Usual place of abode)		St,
≅	Le	ength of residence in city or town where	death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds
stated iffed.		PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
should be state perly classified	. 3	SEX 4 COLOR OR RACE	5 Single Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH Mch, 22, 1927
	58	a If married, widowed, or divorced	,	(Month) (Day) (Year)
4 6 .	_	HUSBAND of (or) WIFE of	- n 1	17 HEREBY CERTIFY, That I attended deceased from
ied. AGE isy be pro- certificate.	6	DATE OF BIRTH (month, day and year)	7/22/27.	that I last saw h. alive on
בר אים בר אים	7	AGE Years Months Da	If LESS than 1 day,hrs.	and that death occurred, on the date stated above, at Buth m.
plied name			orhrs.	The CAUSE OF DEATH* was as follows:
supplied it may k of cer	8	OCCUPATION OF DECEASED		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
age la	Ì	(a) Trade, profession, or particular kind of work	one	selle vom valg. Orm alas.
careful s, so th		(b) General nature of industry, business, or establishment in		for y wills before bround)
S S S S S S S S S S S S S S S S S S S		which employed (or employer)		(duration) yrs. mos. O ds.
be ceterms, terms, ictions		(c) Name of employer	1	(Secondary)
d t d		BIRTHPLACE (city or town)	ier Idaho.	(duration) yrs mos ds.
should be caplain terms instruction	Ľ	(State or country)		18 Where was disease contracted Zuf kur.
≥ wa		10 NAME OF FATHER	x 2 1	Did an operation precede death? Los Date of
Series,			n system	Was there an autopsy?
nformation DEATH in ortant. See	1TS	11 BIRTHPLACE OF FATHER (city of (State or country)	r town)	What test confirmed diagnosis? Wone
E H H	RENT			(Signey) , M. D.
of information of inportant.	PAF	12 MAIDEN NAME OF MOTHER	Viseman,	(Address)
em o		18 BIRTHPLACE OF MOTHER (city o (State or country)	r town)	*State the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,
4 P T 4	_	(Santo or country)	2	and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
გე . <u>ფ</u>	14	Informant Omito	nature,	19 Place of Burlai, Cremation, or Removal Date of Burlai
Ever state ION		(Address)	ee Atala.	Maria 2006 3-22 192
8.—Eve ild stat ATION	-		The same of the sa	20. Undertaker Address
N. B.	15	Filed 3-23, 1927	. IV. That	1891 1/01
S. 유.			Registrar	" //m / Vualner /)als

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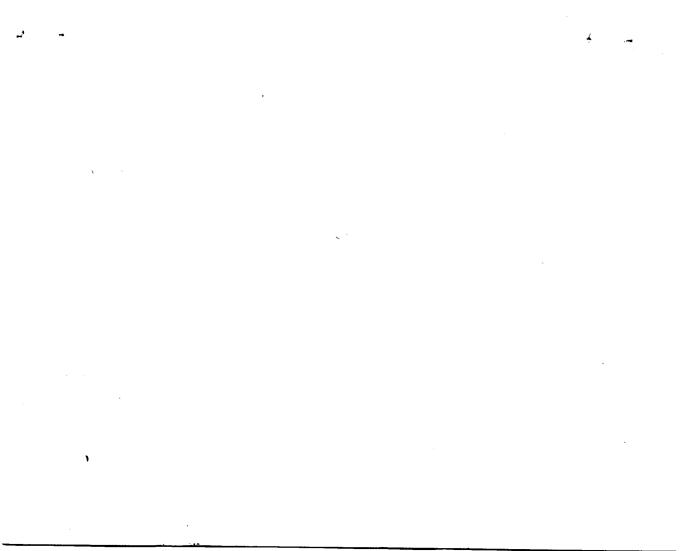
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City of Swan La	ke		CERTIFICATE	OF BIRTH 1 49941
			CHRITTORIE	or binin 149941
				State File No
			on District No. 2. 1. 9	O Local Registrar's No. 28
FULL NAME OF C	HILD Still	born		
		(Certificate o	of no value without f	
Sex of Male	Twin Triplet or other? (To be answe	and Number in order of birth red only in event of plural b	Legiti-yess	Date of Jan. 14, birth
TWT -4 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -				
Number of child of this		resent birthN	rull	now living, including present birth MOTHER
NAME ma E. 1	FATHER iadiey		MAIREN	zabeta Panting
RESIDENC SWEN	Loke , I	ldano	RESIDENCE) Lic	ke , lasho
RESIDENCEWAN COLOR Whii BIRTHPLACEUS NO OCCUPATION		GE AT LAST 4 (Years)	color White	AGE AT LAST 44 BIRTHDAY (Year
BIRTHPLAGE de no)		BIRTHPLACE	Idano
OCCUPATION	Farming		OCCUPATION	Housewife
	CERTIF	ICATE OF ATTEND	ING PHYSICIAN OR	MIDWIFE.
on the date above	stated.		hild, who was Stillbe	orn at.
on midwife the	the father, less this return.	ionganoider i tois	nature) C.M. Preys	sician (
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		fter birth.		(Physician or midwife)

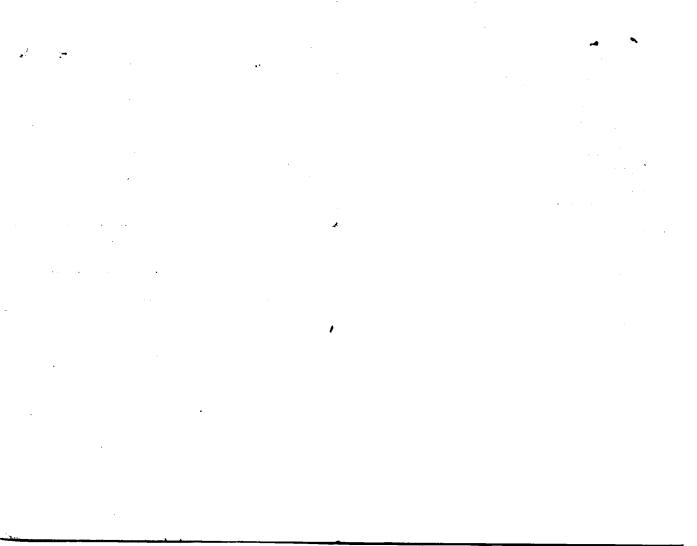


AR 1.6.1927 STATE OF IDAHO FORM V. S. No. 5-25 M. 1-19-BINDING
IS A PERMANENT RECORD
should be stated EXACTLY, PHYSICIANS should
classified. Exact statement of OCCUPATION is DEPARTMENT OF PUBLIC WELFARD PLACE OF DEATH " BUREAU OF VITAL STATISTICS Registration District No. 83 County of Bannock State File No. 56802 Primary Registration District No. 2/60 City of Swan Lake Local Registrar's No..... If death occurred in a hos-If death occurs away from pital, institution or camp, usual residence, give facts Still born give its NAME instead of called for under special instreet and number. formation. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR BACE 5. SINGLE, MARRIED, WID-2. SEX OWED OR DIVORCED 16. DATE OF DEATH Jan. 14, 1927 White Single Male (Write the word) (Dav) (Month) 6. DATE OF BIRTH I HEREBY CERTIFY, That I attended deceased from Jan. 14, 1927 to Jan. 14, 19219 Jan. 14, 1927 (Month) (Day) (Year) that I last saw h im alive on Jen. 14, 19219, IF LESS than 1 7. AGE and that death occurred on the date stated above, at P. day how many ARGUN RESERVED FOR B CUNFADING INK—THIS I CARE SE O that it may be properly continued. hrs. or The CAUSE OF DEATH* was as follows: Yrs......ds......ds...... Encephalic Monster 8. OCCUPATION (a) Trade, profession or None particular kind of work (b) General nature of in-(Duration) _____yrs. ___mes. ___ds. dustry, business or establishment in which employ-Contributory ed (or employer).... (Secondary) 9. BIRTHPLACE Swan Lake, Idaho (Duration) .l. (State or Country) k, with should be terms, so (Signed) 1A NAME OF Aima E. Hadley Preston, Idano Father (Address) -15 1927 11. BIRTHPLACE *State the Disease Causing Death; or in deaths from Violent OF FATHER Causes, state (1) Means of Injury; and (2) whether Accidental, Idaho (State or Country) Suicidal or Homicidal. 12. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, OF MOTHER Elizabeth Panting Transients or Recent Residents.) WRITE I n of infor DEATH In the 18. BIRTHPLACE At blace Idano of death ____yrs.___mos.___days. State ____yrs.__mos.___ds. OF MOTHER item of OF DEA nt. See (State or Country) Where was disease contracted if not at place of death?.... 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE te CAUSE OF
v important. Former or (Informant) Alma E, Hadley, Swan Lake, Idano usual residence 19. PLACE OF BURIAL OR REMOVAL | DATE OF BURIAL 1-15-27 19..... Swan Lake, Idaho Filed har. -10 - 1927 hary Co. Coffis 20. UNDERTAKER
Local Registrar ADDRESS

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PLACE OF DESIGNATION DISTRICT No. 2/4/ County of Pocalla Primary Registration District No. 2/4/ No.							788
r of	Co	inty of CI	mocro	Registration District No	- 11 1	Local Registrar's No	4995
PHYS ement	Cit	y of Pec	Calillo	Primary Registration Distri		,	
4.			(If death occur	(Nored in a hospital or institution	, give its name instead in	nstead of street and number.))
SE T	2.	FULL NAME	1 saling	(rue			
RECORD I EXACTLY, Exact stat		a) Residence. (Usual r	N_0 . C_3 Y_1		St.	f nonresident give city or tow	vn and State)
# -	Len	gth of residence	in city or town where	death occurred yrs. mos.	ds. How long in U. S.,		mos. ds.
tate fled	····		ONAL AND STATISTI	CAL PARTICULARS		CERTIFICATE OF DEATH	180/00
PERMANENT hould be state erly classified	s s M	el.	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH		<u></u>
PERM should perly c			owed, or divorced		(Month)	(Day)	(Year)
. oz €4		HUSBAND of (or) WIFE of			17 I HEREBY	Y CERTIFY, That I attended	deceased from
	6 1	DATE OF BIRT	H (month, day and year	, fub. 24 - 1927	that I last saw h alive on 7 2 2 4 1921, and that death occurred, on the date stated above, at		19.2./.
23 . 33 i	7/	AGE Year	s Months	Ays If LESS than 1 day,hrs.			
[A. 44]		DCCUPATION C	E DECEASED	ormin.	Still Buth		
INK. Ily sur hat it back o	_	(a) Trade, profe particular kind					
fully that		-	ure of industry,		(durables) and de		
ADING carefulls, so the		which employed	(or employer)		(duration) yrs mos ds.		
UNFA be ca terms, terms,		(c) Name of er			(Secondary)		
7 - 5	9	BIRTHPLACE ((State or count	city or town) Poc ry)	alcelo edoho	18 Where was disease contracted If not at place of death?		
8 7 a		10 NAME OF	FATHER O	Drie	Did an operation preced	de death? Date of	
X, V tion H in See		44 DIDTUD! A	CE OF FATHER (city	or town)	Was there an autopsy? What test confirmed di		
LAINLY formati DEATH rtant.	ENT	(State or co		Geran	(Signed)	Smiller	, M. D.,
변급분정	PARE	12 MAIDEN N	AME OF MOTHER	Jones	7.4.25, 192		
WRITE item of AUSE 0		13 BIRTHPLA (State or co	CE OF MOTHER (city)	or town) city, of lu.	LENT CAUSES, state	CAUSING DEATH, or in de (1) MEANS AND NATUR: DENTAL, SUICIDAL, or HOM	E OF INJURY,
is C	14	Informant 7	Smille	·····	19 Place of Burial, Cre	-	ate of Burial
-Every state (ION is		(Address)	ocatillo. S	Holo	Blackfort	- / 1/0	ر کا طور کارے ۔ ddress
f. B.—Eve hould stat	15	Filed 7/2	5, 1927	Registrar	20. Undertaker	A. B.	Cackfoot

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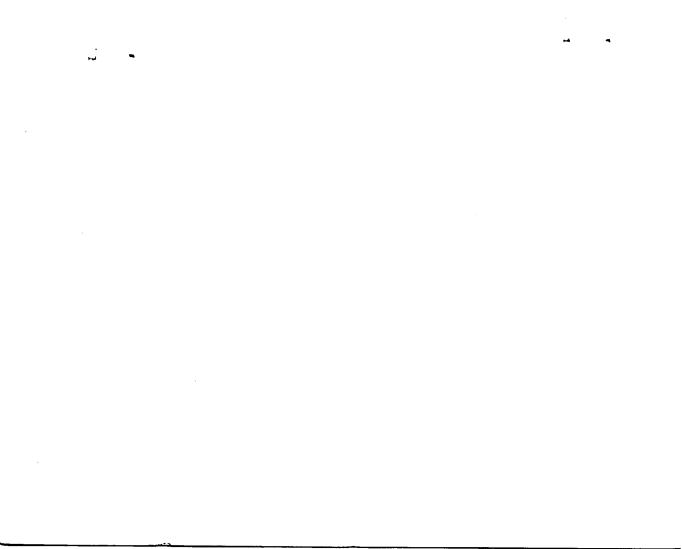
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Do not accept a certificate of death signed only by a midwife.

2.3 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BURRAU OF VITAL STATISTICS County of OF BIRTH EIVED Registration District NoState File No...... St PERMANENT RETURN must Primary Registration District No. 2. 6/Local Registrar's No. 2. 6/ RETURN FULL NAME OF CHILD (Certificate of no value without full name of child) Number Date of Twin Legiti-Sex of Triplet in order birth 192 or other? of birth Child mate? SEPARATE (Month) (Year (Day) (To be answered only in event of plural births) 엉 What bactericidal solution was used in eyes?..... order Number of child of this mother, including present birth. Number of child of this mother now living, including present birth MOTHER FULL FULL FATHER MAIDEN NAME. NAME esch. RESIDENCE RESIDÈNCE UNPADING ne child at | number of c AGE AT LAST COLOR AGE AT LAST COLOR BIRTHDAY RIRTHDAY number (Years netah. BIRTHPLACE BIRTHPLACE OCCUPATION the OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN I hereby certify that I attended the birth of this child, who was I on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor (Signature) (Physician or mittaling shows other evidence of life after birth. Give names added from a supplemental report. Registrar.

PLAINLY

WRITE



LINS OC-	RECEIVED MAR DEPARTMENT OF PUBL BUREAU OF VITAL S	IC WELFARE _ PQ NOT WRITE IN THIS SPACE
of CIT	CRETIFICATE OF	State File No
PHYSICIANS ment of 0C-	City of Country of Primary Registration District No	ict No. Local Registrar's No. 77
اقت	(No. Finns	Hospital
EXACTLY Exact states	2. FULL NAME And Morris	give it name instead instead of street and number.)
KACT xact	7 + 11 - 0-1	
EXAC Exact	(a) Residence. No. (Jetalia Star (Usual place of abode)	St. (If nonresident give city or town and State)
≈ ,	Length of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
MANENT be stated classified.	PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OF PACE 5 Single Married Miles	MEDICAL CERTIFICATE OF DEATH
MAN 1 be class	3 SEX 4 COLOR OR BACE 5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH
should perly c	5a If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND of (or) WIFE of	17 I HEREBY CERTIFY, That I attended deceased from
Droj proj sate.	(or) WIFE OF	1-25 1927 to 2-25
be iffice		that I last saw h alive on
ied.	7 AGE Years Months Albays If LESS than 1 day, Ess than	and that death occurred, on the date stated above, at m.
k—rh upplied it may of cer	ormin.	The CAUSE OF DEATH* was as follows:
	8 OCCUPATION OF DECEASED (a) Trade, profession, or	XIII hurh weed
G IN Illy s that back	particular kind of work	111110 (1111)
ADIN carefu s, so 1 is on	(b) General nature of industry, business, or establishment in which employed (or employer)	(duration) yrs mos ds.
be c terms ctions	(c) Name of employer	CONTRIBUTORY (Secondary)
	9 BIRTHPLACE (city or town) Stratell (State or country)	(duration) yrs mos ds.
should should plain instri	Soleto	if not at place of death?
, ä : i s	10 NAME OF FATHER B. Thomas Morris	Did an operation precede death? Date of
ormatic SEATH Sant.	11 BIRTHPLACE OF FATHER (city or town) (State or country)	What test confirmed diagnosis? Λ
tan EA	(State or country)	(Signed) (Signed)
of info	12 MAIDEN NAME OF MOTHER Plane	2-26, 19.2/ (Address) (9-calll)
wkili ' item o CAUSE s very is	13 BIRTHPLACE OF MOTHER (city or town) (State or country)	*State the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,
CA : €	14 Billion Ministra	and (2) whether ACCIDENTAL, SUICIDAL. or HOMICIDAL.
E o .∃∥	Informant J. Januar, Morris	19 Place of Burial, Cremation, or Removal Date of Burial
8.—Ever ild state ATION i	(Address) State	Shruntain Viser from Feb 26 1927
N. B should CUPAT	15 Filed 1/26, 19.27 Seffering.	20. Undertaker Address Foratsil
2 d 2	Registra	promination of a

certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death

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	238-204-NO6-552	STATE OF IDAHO
		PARTMENT OF PUBLIC WELFARE
CORD made for	County of Butter County MAR 11 1927	BUREAU OF VITAL STATISTICS
RECORD be made	City of Charolber	ERTIFICATE OF BIRTH
	No	No. State File No.
ENT must	Hospital Primary Registration	District No. Local Registrar's No.
PERMANENT RETURN must irth stated.	FULL NAME OF CHILD WOUGHLES	no value without full name of child)
A F	Turin) (Number	Date of W
	Sex 01/ Child Triplet and in order of birth	mate! birth 192
SEPARATE of b	What bactericidal solution was used in eyes?	
SEPAR order	Number of child of this mother, including present birth Numb	per of child of this mother now living, including present birth
	FULL S FATHER	FULL MOTHER
J == 1	NAME Cavid & Schmidt	MAIDEN Mary Cons
ا الله الله	RESIDENCE CANAL THE SOLO	RESIDENCE Berdeen
A _ •	COLOR AGE AT LAST BIRTHDAY (Years)	COLOR AGE AT LAST BIRTHDAY (Years)
H UNFAI one child number	BIRTHPLACE Kanada	BIRTHPLACE Relusas
WITH than of	OCCUPATION DATE MARK	OCCUPATION housewife.
	CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE+
INLY more ch an	•	Bear alive > 1, 2- 10
PLAINLY 16 of more each a	I hereby certify that I attended the birth of this child on the date above stated.	
92		ture) Ser-C. S. South
WRITE In ca	etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwife)
W.E.	Give names added from a supplemental report.	True Hay Old And And
z	, 192 Addres	2eh/2 193 M. C. Mark minn
	Registrar.	Registrar.

DEPARIMENT OF COMMARCE 8.

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Plans County County

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WASPINACION

DEPARTMENT OF COMMERCE ivision of al Statistics. 🚁

BUREAU OF THE CENBUS

R. M. Fouch, M. D., Special Agent, Boise, Idaho.

#3

WASHINGTON

Mrs. David J. Schmidt Aberdeen, Idaho

150062

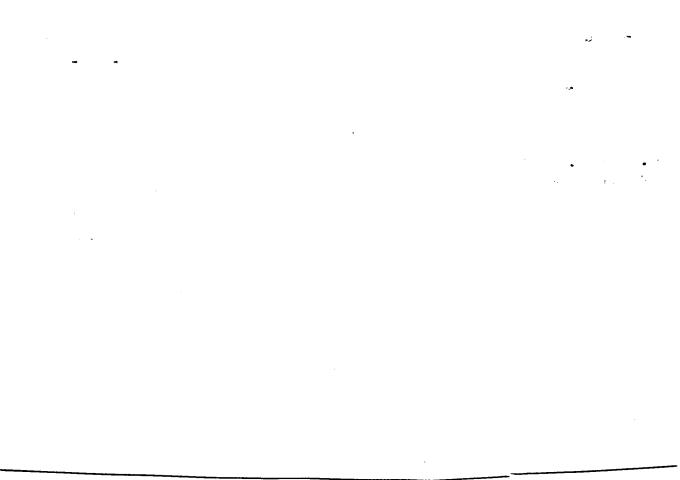
ir Madam:

APR PECIENT MAY 13 B Idaho is now in the United States birth registration area and it is sential that birth certificates be made complete in every particular in order it proper classification may be made. We therefore respectfully ask that you adly give us the information opposite the items below which we have checked. ese items are missing on the certificate of birth filed for your child. You ad not fill in the items not checked.

As soon as we receive from you the information for which we have asked we ll forward to you a certificate for your child.

ne Evengline Schmidt

on



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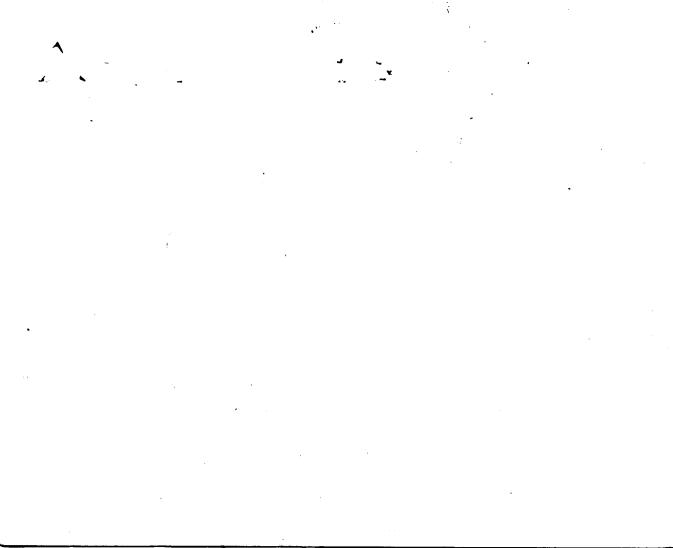
...

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STATE OF IDAHO APR 9 DEPORTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS Registration District No State File No Primary Registration District Local Registrar's stated. RETURN (Certificate of no value without full name of child) Number Twin Date of Legiti-Sex of Triplet in order hirth Child or other? of hirth matel SEPARATE (Month) (Year) (To be answered only in event of plural births) (Day) ij What bactericidal solution was used in eyes?..... order Number of child of this mother now living, including present birth Number of child of this mother, including present birth. MOTHER FULL FULL MAIDEN NAME NAME each. RESIDENC COLOR COLOR P number (Years BIRTHPLACE OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN 2 PLAINLY I hereby certify that I attended the birth of this child, who was I St on the date above stated. *When there was no attending physician (Signature) or midwife, then the father, householder, WRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife) Give names added from a supplemental report. Address Filed Registrar Registrar.



PERMANENT RECORD be stated EXACTLY, PHYSICIANS should led. Exact statement of OCCUPATION is	1. PLACE OF DEATH County of Douncell City of James from usual residence, give facts called for under special information. PICE TO SERVICIONE Registration District No. (No. (No. (No. Little To Service To	DEPARTMENT OF BUREAU OF V. State File No St.) DEPARTMENT OF BUREAU OF V. State File No Local Registrar's If d pita	No. 2
TENT RECOR I EXACTLY, I Ict statement	PERSONAL AND STATISTICAL PARTICULARS 8. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WID- OWED OR DIVORCED (Write the word)	MEDICAL CERTIFICATE OF 16, DATE OF DEATH 3	E DEATH \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
IS A should classif	6. DATE OF BIRTH 3- 22 1927 (Month) (Day) (Year) 7. AGE IF LESS than 1 day how many hrs. or min.?	17. I HEREBY CERTIFY, That I as 19 to	
UNFADING INK—THIS carefully supplied. AGE that it may be properly certificate.	8. OCCUPATION (a) Trade, profession or particular kind of work	(Duration) yrs.	nió (3 mos. ds.
WITH uld be ms, so back of	ed (or employer) 9. BIRTHPLACE (State or Country) Bouncille 10. NAME OF Father Lavery Isrumov d 11. BIRTHPLACE	Contributory (Secondary) (Duration) yrs. (Signed) 19 (Address)	Cleur M. D.
PLAINLY rmation in plain retions o	OF FATHER (State or Country) 12. MAIDEN NAME OF MOTHER 13. BIRTHPLACE OF FATHER (State or Country) Wah Calterian	*State the Disease Causing Death; or Causes, state (1) Means of Injury; and (Suicidal or Homicidal. 18. LENGTH OF RESIDENCE (For Farmslents or Recent Residents.) At place In the of deathyrs	2) whether Accidental, [Ospitals, Institutions,
WRITE —Every item of info CAUSE OF DEATH important. See insti	(State or Country) 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death? Former or usual residence	DATE OF BURIAL
N. B.— state C. very im		Xdaho Facts lde 20. UNDERTAKER Come	ADDRESS

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CHRIDACATE OF DIRTH gates of the control Hospical L. D. S. EESE VAME OF CHILD a three in the second of a contraction to destroy from the control of Upot haerericidal solution was sout at eyes? ... Pone Continued to the property of the continued of the continued to the continued of the continu or entered while of this or other building present threft STRATE VAME Chlos Carille Call Lewis Later BUNBO. See Rigby, Idaho. Rigby, Idano. 27 AGE AT LAST 90000 A Charles William SIRTHDAY (Years) PULLA white Highy, Idaho. Marriaville, Utan OCCUPATION MOITZ TODOO Mer. of Innober do. CERTIFICATE OF ATTEMPTING PHISICIAN OR MIDWIFFF THE PARTY OF THE PARTY OF t perely certify that I attended the pirite of this child, who was i stillbord. I at on the date above stated. "When there was no attending thys. (3h iammana and t or reidwife, then the father conscioner one, should make this return a willbern child is one that notther beent a cor (Physician or salesie) dealed a che del to son blow unito swarte : fire names added from a supplemental report. a blacks Ident Palle, Ident. :Qi .

STATE OF IDAHO -THIS IS A PERMANENT RECORD SEPARATE RETURN must be made for 1 order of birth stated. DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS Registration District No. 25 State File No. 1 No. St. Primary Registration District No. 21.85. Local Registrar's No. 16 Hospital (Certificate of no value without full name of child) Number Date of. Legiti-Sex of Triplet in order birth Mac. 1 of birth mate or other? Child (Month) (Day (To be answered only in event of plural births) (Year What hactericidal solution was used in eyes! Number of child of this mother, including present birth / D Number of child of this mother now living, including present birth MOTHER **FATHER** FULL **FULL** MAIDEN 8 E NAME NAME UNFADING INI de child at birth each, RESIDENCE RESIDENCE # to AGE AT LAST COLOR AGE AT LAST COLOR BIRTHDAY child (Years) number BIRTHPLACE BIRTHPLACE one OCCUPATION WITH OCCUPATION than (d the tarund CERTIFICATE OF ATTENDING PHYSICIAN OR MU ğ of more PLAINLY I hereby certify that I attended the birth of this child, who was I Sallh each on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Signature) Case WRITE (Physician or midwife) Ξ Give names added from a supplemental report. Address ż Registrar.

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•	RECEIVED APR 6 192	ARTMENT OF PUBLIC WELFARE
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~	County of Carry	FUREAU OF VITAL STATISTICS
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9 2	City of Andrew C	ERTIFICATE OF BIRTH
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RECORD be made f	No	No. State File No. 1.0 U. 1.0 J
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PARTMENT OF COLIC WELFARD BURRAU OF VIPAL STATISTICS CURTIFICATE OF BIRALH Registration District No. State File No. 1 ... 13.6 Primary Resistration District No.Local Hegistrar's No. (Certificate of no vaice without full poor or lo called 16 11.11 wind & la firster dival distal lo 1 waster Ctontes 20 Child. deducted leaving to they be the control of all the What backerdeldal solution was essed in eyes? Name of edithid at this matter our living, including present burth were Agrabes of child of this mother includes, seesent ble a MOTHER JULUA FATHER MAIDEN LMAM MAME . PERIDENCE TRADICAST A SEA SOLOS AGE AT LAST YACHTHIS YAGHTAIR BIRTHPLACE DOCUMENTION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* | Boen alter ! I hereby certify that I attended the birth of this child, who was i Stillborn' I at ... on the date above stated. *When there was no aftending physician or referify then the father, benteholder (S)gnature) etc. should make this return A stillborn child is one that neither breatnes nor Physician or islander shows ther orldence of life after birth. tilve manes added from a supplemental report. 1981

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Registrar.

FORM V. S. No. 5-25 M. 1-19. STATE OF IDAHO CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC WELFARE PLACE OF DEATH BUREAU OF VITAL STATISTICS Relatation District No..... State File No. 5658 County 30: Primary Registration District No... BINDING
IS A PERMANENT RECORD
should be stated EXACTLY, PHYSICIAN
THE STATE STATEMENT OF OCCUPA City of March Local Registrar's No. If death occurs away from If death occurred in a hospital, institution or camp. usual residence, give facts called for under special ingive its NAME instead of formation. 2. FULL NAME street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR BACE 5. SINGLE. MARRIED. WID-OWED OR DIVORCED 16. DATE OF DEATH ? (Write the word) (Month) (Dav) 6. DATE OF BIRTH I HEREBY CERTIFY. That I attended deceased from (Month) (Day) (Year) that I last saw ham alive on 7. AGE IF LESS than 1 day how many and that death occurred on the date stated above, at. ED FOR Ihrs. The CAUSE OF DEATH* was as follows: 8. OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer)..... Contributory (Secondary) 9. BIRTHPLACE (Duration) (State or Country) 10. NAME OF n terms, s Father (Address)... 11. BIRTHPLACE *State the Disease Causing Death; or in deaths from Violent OF FATHER Causes, state (1) Means of Injury; and (2) whether Accidental, in plain (State or Country) Suicidal or Homicidal. 12. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) DEATH See instru l13. BIRTHPLACE At place In the OF MOTHER of deathyrs.mos.days. Stateyrs.mos.ds. (State or Country) Where was disease contracted if not at place of death?.... 14. THE ABOVE IS TRUE TO THE BEST Former or important. (Informant) MANA -Every CAUSE usual residence (Address) DATE OF BURIAL 19. PLACE OF BURIAL OR REMOVAL 15. 20. UNDERTAKER **ADDRESS**

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STATE OF IDAHO 1922PARTMENT OF PUBLIC WELFARE JRN must be made for stated. BUREAU OF VITAL STATISTICS County of RECORD CERTIFICATE OF BIRTH Registration District No..... Loogi Registrar's No. 336 Primary Registration District No. Hospital (Certificate of no value without full name of child) Number Date of Legiti-Sex of in order Triplet birth Child or other of birth mate? (Month) SEPARATE (To be answered only in event of plura births) (Day) (Year) What hactericidal solution was used in eyes? Number of child of this mother, including present birth. Number of child of this mother now living, including present birth FULL FULL FATHER MAIDEN NAME each, RESIDENCE RESIDENCE 7 COLOR AGE AT LAST COLOR BIRTHDAY BIRTHDAY number (Years) BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDW PLAINLY I hereby certify that I attended the birth of this child, who was I Stillbox on the date above stated. In case of *When there was no attending physician or midwife, then the father, householder, (Signature) VRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife) Give names added from a supplemental report. Address Registrar. Registrar

, <u>se</u>	FORM V. S. No. 5-25 M. 1-19.	E DEATH STATE OF IDAHO
M GEN		
4,45	County of County	let No. / / / (State File No. 56586 -
₹	Primary Registration Distri	ICU NO
	If death occurs away from (No. 1716-2	St.) If death occurred in a hos-
	usual residence, give facts	pital, institution or camp,
	called for under special in-	give its NAME instead of
	formation. 2. FULL NAME 13 also	street and number.
T RECORD XACTLY, PHYSICIAN statement of OCCUPA	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH (QQ V
	8. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WID-	
_3#	OWED OR DIVORCED	16. DATE OF DEATH
ZA +	Male Write the word)	march 1927
X ed X	6. DATE OF BIRTH	(Month) (Day) (Year)
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	March 12 1927	on 3 = 1 1927 to 19 ,
SENDING IS A PE should be classified	(Month) (Day) (Year)	10 10 10 10 10 10 10 10 10 10 10 10 10 1
ND A oul	7. AGE IF LESS than 1	that I last saw harmalive on 1922
E SP 23	day how many	and that death occurred on the date stated above, at 2.
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Ed. Fe	8. OCCUPATION	
	(a) Trade, profession or particular kind of work	
	(b) General nature of in-	
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# 3 = _ 3	lishment in which employ- ed (or employer)	Contributory
TE LE	9. BIRTHPLACE	(Secondary)
要日 8年 5	(State or Country) Lake	(Duration) yrs. mos. ds.
HE S S S	10. NAME OF	(Signed) M. D.
, WIT hould terms, n back	Father John T Kudd	7-1 19 27 (Address) Lampa Dath
short ter	11. BIRTHPLACE	*State the Disease Causing Death; or in deaths from Violent
=	OF FATHER (State or Country) YV A A A A A	Causes, state (1) Means of Injury; and (2) whether Accidental,
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ITE PL inform ATH in instruci	13. BIRTHPLACE	Transients or Recent Residents.) At place In the
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	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
ant our	(Informant) Mr. Jehn T. Hedd	usual residence
W.—Every item te CAUSE OF D ry important. So	(Address) Narya, Idaho	19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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N. B. state very	Filed / 47 2 19 2 Local Registrar	20. UNDERTAKER ADDRESS
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				rending	PHYSICIAN OR	MOWIFE.	10	
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TE PI Ca.80	lor midwife.	then the father, make this return e that neither	householder.	(Signat	are)	d		<i></i>
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Registrar.

for		2 STATE OF IDAHO 2RTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
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ENT must	Hospital Primary Registration	11
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E 5	Cit			Local Registrar's No.
e X		y of Primary Registration District	No	-
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ORD ACTL statem	İ	(If death occurred in a hospital or institution, give its	name instead of street and	number.)
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r REC ed EX Exact		(a) Residence. No.	St	
F. gita	, <u> </u>	(Usual place of abode)	30 ,	If nonresident give city or town and State)
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NG PERMANENT nould be state y classified. E		PERSONAL AND STATISTICAL PARTICULARS	MEDICA	L CERTIFICATE OF DEATH
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ING PERI Should	i	Thie Paly		Jow 21 1927
DIN A P she erly	59	If married, widowed, or divorced		(Month) (Day) (Year)
		HUSBAND of (or) WIFE of	17. I HEREBY CERT	IFY, That I attended deceased from
BIN IS AGE prop		(04) 1744 20 08		, to, 19
e 12 2	6.	DATE OF BIRTH (month, day and year)	that I last saw h	alive , 19
FO FO Fied. ay b	7.	AGE Years Months Days If LESS than 1 day,	and that death occurred	on the date stated above atm.
		Itiel & min.	The CAUSE OF DEAT	'H* was as follows:
VE NK NK ific	8.	OCCUPATION OF DECEASED		
GERVED GINK-ly supphat it met		(a) Trade, profession, or	Doly was &	elinis 30 min before
		particular kind of work	my arrive	of. The Deople (Mrs. Rulon
RES DIN refull so th		(b) General nature of industry, business, or establishment in	In Soo Righy	Jea Pratives
E E E	ĺ	which employed (or employer)	with wow	in and Bail boly
RGIN UNF be ca erms,		(c) Name of employer	Secondard TO	our down no mores
→ =		0 50	of thinless	(duration) yrs. mos. ds.
MA TTTH fould lain ion	9.	BIRTHPLACE (city or town)	18. Where was disease	<u> </u>
f, W n she in pl		(State or country)	if not at place of d	
		10. NAME OF FATHER	Did an operation preced	le death? No Date of
NE THE	ļ! -	1,5000,5000	Was there an autopsy?	7700
PLAIN Iformat DEATI See ii	TS	11. BIRTHPLACE OF FATHER (city or town)	What test confirmed dis	group? Just have proper
F of C	E	(State or Country)	(Signed)	, M. D.
TE of in	PARENTS	12. MAIDEN NAME OF MOTHER	3000 BL 39	(Address) (La Cur)
WRITE m of i ISE OF		Modes Italian	<u> </u>	of hoy the holy m.),
		13. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSES, state (1) M	CAUSING DEATH, or in deaths from VIOLENT (EANS AND NATURE OF INJURY, and (2)
WRITI item of AUSE O		(State or Country)	whether ACCIDENTAL	EANS AND NATURE OF INJURY, and (2) L, SUICIDAL, or HOMICIDAL.
Every state C is very	14		19. Place of Burial, Ca	remation, or Removal Date of Burial
att ve		Informant		Yau 2) 1977
7 = .*		(Address)	20. Undertaker	Address
A P X	15	Filed april 10 27 raystituster	J. Dildertaker	0 20
N. B.	<u></u>	Registrar		neces Jugling a
V-1 W-1	.,	\sim		<i>y v</i>

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer. Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

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70 1	RECEIVED MAR 21	DEPARTMENT OF PUBL	IC WELFARE	DO NOT WRITE IN THIS SPACE
LANS 00.	- PLACE OF DEATH	BUREAU OF VITAL S CERTIFICATE OF	TATISTICS	State File No. 56945
SIC:	County of	Registration District No		Local Registrar's No. 1/19
HY nem	City of Tathdussus	Primary Registration Distri	ct No)
Y, I	(If death occur	(No		nstead of street and number.)
ACTI.	2. FULL NAME (med) Sekue		Just for la for P.
EXACTLY Exact sta	(a) Residence. No(Usual place of abode)		St.	if nonresident give city or town and State), if of foreign birth? yrs. mos. ds.
4 - J	Length of residence in city or town where			6 C)
stated iffed.	PERSONAL AND STATIST		· ·	CERTIFICATE OF DEATH
L be state classified	3 SEX 4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH	Ebruary 19. 19.27
70	5a if married, widowed, or divorced	1	(Month)	(Fay) (Year)
A FER FE shoul properly tte.	HUSBAND of (or) WIFE of		17 J I HEREB	Y CERTIFY, That I attended deceased from 1927, to 27
	6 DATE OF BIRTH (month, day and yea	Jelovy 19.1924	that I last saw h	
N THE	7 AGE Years Months L	Days If LESS than 1 day,hrs.	and that death occurre	d, on the date stated above, at 6.30 m.
NK.—THI supplied. it may k of cert	Hillborn -	or min.	The CAUSE OF DEAT	
INK-	8 OCCUPATION OF DECEASED (a) Trade, profession, or	4.		ath of gestorion lass
. 4.3 %	(a) Trade, profession, or particular kind of work		than 7 mm	1 + 6 4
UNFADING be carefull terms, so th actions on b	(b) General nature of industry, business, or establishment in which employed (or employer)		CONTRIBUTORY	(duration) yrs mos ds.
UNFA be conterms, terms,	(c) Name of employer		(Secondary)	
	9 BIRTHPLACE (city or town)	t Talls. Volaho	18 Where was disease if not at place of d	(duration) yrs mos ds.
- 22	10 NAME OF FATHER Severe	1. Schneeberger	Did an operation prece	Tto-
~ E - 3			Was there an autopsy?	1
CAINLY iformati DEATH rtant.	11 BIRTHPLACE OF FATHER (city State or country)	or town)	(Signed)	Hagnosis?, M. D.
덩끔萨	12 MAIDEN NAME OF MOTHER	value S. Farley	2/20, 27, 19,	, (t
WRITE y item of CAUSE O	13 BIRTHPLACE OF MOTHER (city (State or country)	or town Norfolk	LENT CAUSES, state	CAUSING DEATH, or in deaths from VIO- (1) MEANS AND NATURE OF INJURY, DENTAL, SUICIDAL, or HOMICIDAL.
H 40 "	14 Informant Fronge J. Sak	mee borger	19 Place of Burial, Cr	
B.—Every ild state C	(Address) Sust Fa	Char Sela !!!	Tim Trong	cemetery on the 21 1927
. B.— nould UPAT	15 Filed 2/2/, 19.2.7	U. S. Srennan Registrar	20. Undertaker	mera None Paradrum
Z 7 0				

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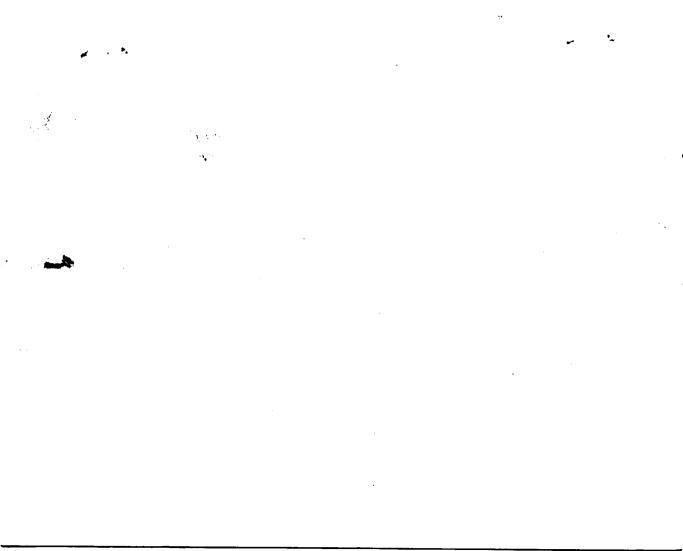
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Registrars should be careful to see that the medical state-

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Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO 1927 PARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of RECORD CERTIFICATE OF BIRTH Registration District No. 20 State File No. Primary Registration District No. 105/Local Registrar's No. 12 £4. Hospital (Certificate of no value without full name of child) Number Twin Date of Legiti-Sex of in order Triplet hirth.... Child or other? of birth mate 1 (Month) (Day) (Year) (To be answered only in event of plural births) SEPARATE What bactericidal solution was used in eyes? Number of child of this mother, including present birth_ Number of child of this mother now living, including present birth FULL MOTHER FULL MAIDEN NAME. NAME UNFADING INI 10 obild at birth each. RESIDENCE RESIDENCE # # AGE AT LAST AGE AT LAST COLOR COLOR BIRTHDAY (Years) BIRTHPLACE BIRTHPLACE the OCCUPATION NDÍNG PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was I Stillborn on the date above stated. PLA *When there was no attending physician or midwife, then the father, householder, (Signature) WRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Give names added from a supplemental report. Address Registrar.



NNS OG-	RECEIVED WAR 2 1 1927 EPARTMENT OF PUB BUREAU OF VITAL	LIC WELFARE DO NOT WRITE IN THIS SPACE STATISTICS 56949		
of 6	PLACE OF DEATH CERTIFICATE OF			
	County of Council City of Coun	Incel Registrate No / 1 /		
PH BE	V4U,Y V4			
اخب		n, give its name instead instead of street and number.)		
ECORD EXACTLY, PHYS Exact statement	2. FULL NAME Weller Dochlor			
ACC ACC	(a) Residence. No. Auster	St.		
22	(Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	(If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
PERMANENT hould be state erly classified.	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH		
E G E	1 W. single	(Month) (Day) (Year)		
PERM should perly c	5a If married, widowed, or divorced			
IS A PER. IGE should properly ate.	HUSBAND of (or) Wife of	17 I HEREBY CERTIFY, That I attended deceased from		
	6 DATE OF BIRTH (month, day and year) 2 - /7- 2.7	that I last saw her alive as Jely 1927		
THIS I	7 AGE Years Months Days If LESS than	and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows: (duration) yrs mos ds.		
plied may cer	0 0 0 1 day 0 hrs			
NK—TH supplied it may k of cer	8 OCCUPATION OF DECEASED			
d IN ully su that i back	(a) Trade, profession, or particular kind of work			
o S ref	(b) General nature of industry, business, or establishment in which employed (or employer)			
E 8 6	(c) Name of employer	CONTRIBUTORY(Secondary)		
ld be n ter	9 BIRTHPLACE (city or town) Deutter Idu (State or country)	(duration) yrs mos ds.		
WITH should plain e instru		Did an operation precede death? Date of		
اہ ہے ≅	10 NAME OF FATHER Ofrest-Doconcos	Was there an autopsy?		
검병범	2 11 BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?		
LAINLY nformati DEATH rtant.	(State or country)	(Signed) hhhleman. D.		
H H E	12 MAIDEN NAME OF MOTHER Daten Januar	Feb. 9, 19.2.7 (Address) Cours tolkine		
WRITE of titem of CAUSE 0	13 BIRTHPLACE OF MOTHER City or town) (State or country)	•State the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
CA it	14 Chrit Bochion	19 Place of Burial, Cremation, or Removal Date of Burial		
88.	Informant (Address)	H 119 1927		
N. B.—Evenshould state	15 Filed 2/19, 1927 DD Dunnan	20. Undertaker Address		
5 4 5 5	Registrar	The same of		

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/ Dh PLACE OF BHRTH STATE OF IDAHO URN must be made for stated. DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS RECORD County of CERTIFICATE OF BIRTH City of..... Registration District No..... Z.....State File No..... Primary Registration District No. 2147 Local Registrar's No. 4 Hospital FULL NAME OF CHILD...... RECTURN birth state (Certificate of no value without full name of child) Number Twin Date of Legiti-Sex of in order Triplet Child mate 1 (Month) (Year) (To be snewered only in event of plural births) (Day) SEPARATE order Number of child of this mother now living, including present birth Number of child of this mother, including present birth MOTHER FULL FULL MAIDEN NAME NAME each, RESIDENCE RESIDENCE COLOR ᇹ COLOR (Years) numper BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. Born alive -In case of more PLAINLY I hereby certify that I attended the birth of this child, who was [Stillborn on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Signature) WRITE (Physician or midwife) Give names added from a supplemental report. Address Registrar. Registrar.

: MAR 8 - 1954

FORM V. S. No. 5-25 M. 1-19. STATE OF IDAHO BINDING
IS A PERMANENT RECORD
should be stated EXACTLY, PHYSICIANS should
alwestfied. Exact statement of OCCUPATION is CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC WELFARE PLACE OF DEATH BUREAU OF VITAL STATISTICS Registration District No..... State File No. 3 County of A Primary Registration District No. 214 City of OEary Local Registrar's No. 40 If death occurred in a hos-If death occurs away from pital, institution or camp. usual residence, give facts give its NAME instead of called for under special instreet and number. formation. 2. FULL NAME. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR BACE 5. SINGLE, MARRIED, WID-OWED OR DIVORCED 16. DATE OF DEATH (Year) (Month) DATE OF BIRTH I HEREBY CERTIFY, That I attended deceased from 17. (Day) 2c, 19...., 7. AGE IF LESS than 1 day how many D hrs. or 8. OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or estab-(Duration) yrs. mes. ds. lishment in which employ-Contributory ed (or employer)..... (Secondary) 9. BIRTHPLACE (Duration)yrs. (State or Country) 10. NAME OF terms, n back Father Md 171926 (Address) SEary-11. BIRTHPLACE *State the Disease Causing Death; or in deaths from Violent OF FATHER Causes, state (1) Means of Injury; and (2) whether Accidental, in plain (State or Country) Suicidal or Homicidal. 12. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, OF MOTHER Transients or Recent Residents.) 13. BIRTHPLACE At place In the of death.....yrs.....mos.....days. State.....yrs.....mos......ds. OF MOTHER (State or Country) Where was disease contracted if not at place of death?..... 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or (Informant) usual residence Every CAUSE 15. 20. UNDERTAKER ADDRESS

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10 Sec.

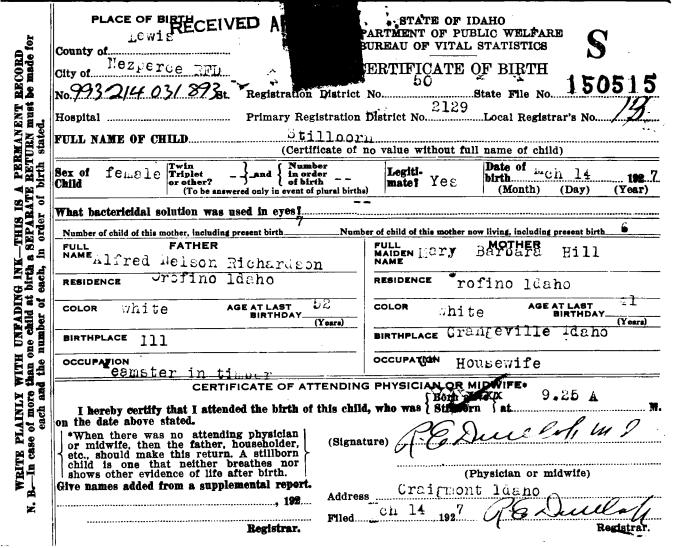
4.4

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	PLACE OF BIRTH	_ STATE OF IDAHO
	466 214 039 226 FD ADR 12 198	ARTMENT OF PUBLIC WELFARE
ا قِ	County of Jen AFCEIVEL APRIL 10	BUREAU OF VITAL STATISTICS
32	County of L	
RECORD be made for	City of January (CERTIFICATE OF BIRTH 150508
		, L 1
# .5	No. St. Registration District	NoState File No
URN must l stated	Hospital Primary Registration	District No. 21/6 Local Registrar's No.
필립수	1	District No. 2.3.1.13Docar Registrar's No
4 K &	FULL NAME OF CHILD Om of Tolor	***************************************
E RETURN birth state	/dertificate of	no value without full name of child)
걸절속	Sex of / Twin Number In order	Legiti- Date of
뉴ᅜ	Child () and in order of birth	mate? 192.
AH P	(To be answered only in event of plugal birth	(Month) (Day) (Year)
	What bactericidal solution was used in eyes?	•
EPAR order	White pactericular solution was used in cycs.	
		per of child of this mother now living, including present birth
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7 H L	NAME (En Strong	NAME Clause Bradles
birth each,	RESIDENCE	RESIDENCE 2
5 2 2	Jetu	12 New
o at	COLOR A AGE AT LAST 24	COLOR / AGE AT LAST /
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ne child	BIRTHPLACE	BIRTHPLACE
one num	There	Crev
-	OCCUPATION	OCCUPATION A
	- Compu	10 10
	CERTIFICATE OF ATTENDING	G PHYSICIAN OR MIDWATE
	I hereby certify that I attended the birth of this child	d. who was Still of at 9
each mo	on the date above stated.	
3 0 °	*When there was no attending physician	JE Marke Se S.
ase	or midwife, then the father, householder, (Signa	ture)
Erre In ca	etc., should make this return. A stillborn child is one that neither breathes nor	
	shows other evidence of life after birth.	(Physician or midwife)
≥ ֻ	Give names added from a supplemental report.	\mathcal{L}_{L}
N. B	, 192 Addres	8 2 2 2 2 2
Z	Filed.	4/10 - 1927 Cly Bellann
Ì	Registrar.	Registrar.
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T RECORD XACTLY, PHYSICIANS should statement of OCCUPATION is	FORM V. S. No. 5-25 M. 1-19. 1. PLACE OF PRACTIVED County of Experce RFD City of Experce RFD If death occurs away from usual residence, give facts called for under special information. 2. FULL NAME Stillboam				trict No. 2129 State File No. 56978			STICS in a hosor camp,
ENT RECORI EXACTLY, P ct statement	PERSO	ONAL AND STATIS COLOR OR RACE White	TICAL PART 5. SINGLE, OWED O SINGLE	FICULARS MARRIED, WID- OR DIVORCED	MEDICAL 16, DATE OF DEATH	L CERTIFICATI	E OF DEATH	27
SINDING IS A PERMANENT should be stated EXA classified. Exact st	6. DATE OF B	inch	14	927 1 (Year)	17. I HEREBY (mch 14 mever that I last saw he.	(Month) CERTIFY, That19	(Day) Lattended dece	ased from
FOR I		sMos	ds	IF LESS than 1 day how manyhrs. ormin.?	and that death occur The CAUSE OF DEA	red on the date TH* was as folk	stated above, at.	m.
BESERVED DING INK— Ily supplied. t may be pricate.	(a) Trade, profession or particular kind of work			(Duration) yrs, mos, d			ds,	
MARGIN ITH UNFA Id be carefu is, so that it	9. BIRTHPLA (State of	r)	rce Idah	o RFL	(Secondary)	ration)	yrsmos	ds.
LAINLY, WI' nation should n plain terms ctions on bac	11. BIRTHPLA OF FATHER (State of the control of the	or Country) AME ary Barb			*State the Disease Causing Death; or in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidenta Suicidal or Homicidal. 18. LENGTH OF RESIDENCE (For Hospitals, Institutions			m Violent Accidental,
WRITE PL. m of informary DEATH in See instruct	18. BIRTHPLACE Crangeville Idaho OF MOTHER (State or Country)			Translents or Recent Residents.) At place In the of death yrs			15 ds.	
Every iten CAUSE OF important.	(Informant) (Address 15ch]	nezrerde	Helf	be REDING	Former or usual residence			BURIAL
N. B. state	Filed		624	Local Registrar	20. UNDERTAKERI		ADDRESS Nezpero	ce RFL

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PLACE OF BIRTH RTATE OF IDAHO RECEIVED APP TMENT OF PUBLIC WELFARE URN must be made for stated. LEAU OF VITAL STATISTICS County of RECORD OF BIRTHState File No..... Registration Local Registrar's No..... strict No. Hospital Primary Re FULL NAME OF CHILD..... (Certificate of no value without full name of child) birth Twin Number Date of Sex of Legiti-Triplet in order birth. Child or other? of birth matel SEPARATE (To be answered only in event of plurabbirths) (Month) (Day) (Year) What bactericidal solution was used in eyes?...... Number of child of this mother, including present birth Number of child of this mother now living, including present birth MOTHE FUL FULL MAIDEN NAME NAME H UNFADING INT one child at birth each. RESIDENCE RESIDENCE 7 COLOR AGE AT LAST COLOR AGE AT LAST number BIRTHDAY (Years BIRTHPLACE BIRTHPLACE the OCCUPATION OCCUPATION and CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWA more WRITE PLAINLY each I hereby certify that I attended the birth of this child, who was i Still on the date above stated. *When there was no attending physician (Signature) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife) Give names added from a supplemental report. Registrar. Registra

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UNITED STATES OF AMERICA

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

NOTIFICATION OF RIDTH DECISTRATION

NOTIFICAT	TON OF BIRTH I	REGISTRATION	l '		
is is to advise you that the	here is preserved i	n the State offic	ce for the	registrat	
statistics at			, a Record of Bi		
vs.•				* ,	
·me	Clark		_ Sex _	Male	
en on March 13th	_, 1927 , at	Paul, ^I deho		· · · · · · · · · · · · · · · · · · ·	
me of father	Rex Clark			· · · · · · · · · · · · · · · · · · ·	
iden name of mather	Mary Shafer		•	en Mari	

Millered Director of the Census,

Ralph M.

M. Fouch M
Special Agent, Bureau of the Census



The official record of birth of which this is a certificate is very valuable as proof of age and citizenship; it is necessary to have such proof in the future life of this child for the purpose of entering or leaving school, obtaining working papers or marriage license, inheriting property, holding public office, entering civil or military service, and for many other important objects.

NOTICE

If any errors are found in the statements given on the inclosed certificate, kindly send corrections at once to

Dr. R. M. Fouch,
Special Agent, Bureau of the Census,
Boise, Idaho.

ASE

PRESERVE

Dr. R. M. Fouch will then take steps to make the necessary corrections of the records on file at the State office and at Washington, D. C.

RECORD be made for	County of APR 1 3 1997	STATE OF IDAHO PARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH
	51	No
MAN JRN state	FULL NAME OF CHILD. (Certificate of	no value without full name of child)
A PEI E RET birth	Sex of Child Twin Triplet or other? and Number in order of birth (To be answered only in event of plural birth	Legiti- mate (Month) (Day) (Year)
IS A RATE r of h	What bactericidal solution was used in eyes?	
THIS SEPAR order	Number of child of this mother, including present birthNum	aber of child of this mother now living, including present birth.
200 E	FULL FATHER SULLS	MAIDEN MOTHER MAINER MANUELL SEGONY
G INK birth s	RESIDENCE Slippe da	RESIDENCE Physics
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UNFAD one child number	BIRTHPLACE OF LUXAN ON	BIRTHPLACE Joliek John
WITH than or I the n	OCCUPATION Cumber worker	OCCUPATION Housewife
		IG PHYSICIAN OR MIDWIFE*
AINI of mos	I hereby certify that I attended the birth of this chi on the date above stated. *When there was no attending physician (Standard	id, who was required to the state of the sta
WRITE PLAINLY —In case of more each an	or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwife)
¥ ∐	Give names added from a supplemental report.	
Z.	, 192 Addre	ah & 1027 Juran & Brun
F	Registrar.	Registrar.

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| County of NezPerce. City of Lewiston. DO NOT WRITE IN THIS SPACE STATISTICS F DEATH 96 State File No. 56996 |
|--|---|
| 2. FULL NAME Stillborn Tells (a) Residence. No. (Usual place of abode) Length of residence in city of town where death occurred yrs. mos. | St. ds. How long in U. S., if of foreign birth? yrs mos. ds. |
| PERSONAL AND STATISTICAL PARTICULARS 3 SEX | MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 16 PATE OF DEATH 17 M I HEREBY CERTIFY, That I aftended deceased from 17 M 17 M 1927 to 12 M 1927 |
| 6 DATE OF BIRTH (month, day and year) 3/17/27. 7 AGE Years Months Days If LESS than 1 day, hrs or min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work lone. | that I last saw h alive on Miller 19 |
| (b) General nature of Industry, business, or establishment in which employed (or employer) (c) Name of employer | (duration) yrs. mos. ds. CONTRIBUTORY (Secondary) (duration) yrs. mos. ds. |
| 10 NAME OF FATHER R. L. Vells. | 18 Where was disease contracted if not at place of death? Did an operation precede death? Was there an autopay? What test configured diagnosis? |
| (State or country) Idaho. 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (city or town) (State or country) | (Signed) (Address) (Address) (Address) (State the DISEASE CAUSING DEATH, or in deaths from VIO-
LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, |
| (Address) (Address) (a) (Address) (Address) | and (2) whether ACCIDENTAL, SUICIDAL. or HOMICIDAL. 19 Place of Burial, Cremation, or Removal Lewiston, Idaho, 3/17/27 20. Undertaker Address |
| Filed Up 11, 1927 Mran & Much Registrar | Brower- Jann Company. Lewiston, Idaho |

certificate should further state, if known, the cause of the still birth and the period of utero gestation in months,

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DUTY OF LOCAL REGISTRARS -Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

CERPIFICATE OF HIRTE State File No Primary Registration District No. L. Local Beristrar's No. (Certiff the fine value without full daine of child.) obto al bas for birth (Solitive in the in a vent of a mere ad o'T) What bretericidal solution was used in event Mumber of right of the mother, including present birth . YACHTRIB I hereby carrify that I appended the birth of this cidid, who was childen the date above stated. *When there was no attending physical charge midwife, then the father house-holder, etc., should onsee this return A stilleurs enild is one that neither breathes nor shows other evidence of life after birth. ive manies added from a supplemental report.

Rentstran.

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....

ERTIFICATE OF DEATH. State of Idaho PHYSICIANS BOARD OF HEALTH Registration District No Bureau of Vital Statistics County of Primary Registration District No..... File No. City of (No. Registered No. f death occurs away from usual residence, give facts called for under special If death occurred in a hospital, institution or camp, give its NAME instead of information. street and number. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-OWED OR DIVORCED. 16. DATE OF DEATH (Write the word.) 6. DATE OF BURTH. CERTIFY. That attended deceased from (Year) (Day) 7. AGE IF LESS than I day that I last saw h and that death occured on the date stated above, atYrs.......Mos.......ds. min.? 8. OCCUPATION (a) Trade, profession or particular kind of work...
(b) General nature of industry, business, or estab-lishment in which employed (or employer)..... 9. BIRTHPLACE (State or Country) (Secondary 10. NAME OF 11. BIRTHPLACE information shore OF DEATH OF FATHER (State or Country) "State the DERASE CAUSING DEATE; or in deaths from VIOLENT CAUSES, state (1) Means of Injury; and (2) whether Accedental, Suicidal or Homicidal. 12. MAIDEN NAME Wander OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER item of i At place In the of death.....yrs.....mos.....days. (State or Country) Where was disease contracted 14. THE ABOVE IS if not at place of death?..... should state Former or (Informant) usual residence .. DATE OF BURIAL 15. Local Registrar SYMS - YORK CO., PTRS. & BORS. 24854

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE 192 FUREAU OF VITAL STATISTICS Registration District No...... State File No. Local Registrar's No. Primary Registration District No. (Certificate of value without full name of child) Twin Number Date of Legiti-Sex of in order Triplet birth Child or other? mates (Year (To be answered only in event of plural births) (Month) (Day) -FHIS IS A SEPARATE What bactericidal solution was used in eyes?..... Number of child of this mother, including present birth_ Number of child of this mother now living, including present birth. FULL FULL MAIDEN NAME RESIDENCE 7 COLOR COLOR number (Years) (Years) BIRTHPLACE BIRTHPLACE the ENDING PHYSICIAN OR MIDWIFE of more I hereby certify that I attended the birth of this child, who was I Stillb on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife) Give names added from a supplemental report. Address Registrar.

RTIFICATE OF Registration District No. Primary Registration District No... Larin so H (Certificate of no value with the train and of could) "Marsher In order unidia ! Craffter Ver. (To be answared only in event of pineshifthed hectericidal actuation was used in eyes. . ! Number of while of this mether now living including present him Number of child of this maker, including present hirth FATHER BIRTHPLACE OCCUPATION CERTIFICATE OF ATTENDING MENTINA OR I bereby certify that I attended the birth of falls child, who was fixed on the date above stated. *When there was no attending obystelan or midwife, then the father, householder, etc. should make this series A silliberts child is one that nottier breathes not Physician or miliwile) shows other widence of his after birth. bire names added from a supplemental report. ACCOTESS:

RECEIVED MAY 5 ARTMENT OF PUBLIC WELFARE RECORD be made for BUREAU OF VITAL STATISTICS Registration District No..... State File No. PERMANENT B RETURN must b irth stated. Primary Registration District No. Local Registrar's No. FULL NAME OF CHILD (Certificate of no value without full name of child) Date of Twin Number Legiti-Sex of Triplet 4 in order birth. Child or other of birth mate? SEPARATE (Month) (Year) (Dav) (To be enswered only in event of plural births) What bactericidal solution was used in eyes?... order Number of child of this mother now living, including present birth. Number of child of this mother, including present birth. FULL MAIDEN NAME one child at birth a number of each, RESIDENC RESIDENCE COLOR COLOR AGE AT LAST (Years) BIRTHPLACE BIRTHPLACE one OCCUPATION OCCUPATION and CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWI more WRITE PLAINLY I hereby certify that I attended the birth of this child, who was I Sall on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife) Give names added from a supplemental report. Address Registrar.

Blic lety in Building there in heart INCREASE OF VIENTE SPACESTES City of Land of State File No. .. ा**ंश्रिक्शांतर संस्थात राज्येशकेला** अल the same way to be a relation to the process of on 1st invited are not a springerin Marce & 194/110 They bear delike sole in even in even in even that a more a robust of the wife were more than a first of the contract of the Normale Control of the monthly more than the factor of the control 4.10 労品付けるこ .: Jii -#3DIAM MAN. SMAH RESIDENCE RESIDENCE THALL TA LOW BOLUC ROJet ACHTOIR े⊅≜.. तेल : लाख 4000000000 J 40000 CERTIFICATE OF ATTUMENING PHYSICIAN OR MIDWIFE الكارون ومعجوا I herefor cortify that I attended the birth of C. & child, who was i milliourn. I at .. dulate conta stab sell as I must evel maintaine and some chart many v. Catemater (* 12 or lablewide, then the deliver board all widnes ele shoat ven the retain A stillborn Leith is one that leither prejudent mer totiwoten to not anythin diala asse of it to except a codio exter birth. tille names gehod from a supplemental report. Louistetens.

S -	RECEIVED MAY 9 1921 STATE OF IDA	но				
NA PA	DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN					
	PLACE OF DEATH BUREAU OF VITAL ST	ATISTICS DO NOT WRITE IN THIS STACE				
ं हुँठ						
T I	County of County					
PI	City of	No 2008 Local Registrar's No. 24				
Y, enj	Primary Registration District	No				
	(No. 73 oise Ido	ho, Route 2.				
CACTLY, statemer	(If death occurred in a hospital or institution, give its	name instead of street and number.)				
EECORD EXACTLY act stateme	2. FULL NAME Boby worther					
r RECORD ed EXACT Exact state	2. TULL NAME	+. ¥1				
린쯔	(a) Residence. No. 1 Journal Jection (Usual place of abode)	(If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos.				
tat .	Length of residence in city or town where death occurred. yrs. mos. ds.					
NG PERMANENT hould be state y classified. E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
3 ERMAI uld be classifi	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	16. DATE OF DEATH				
SR S		Granil 16				
BINDING IS A PERI AGE should properly clay	m. w. Suigh	(Month) (Day) (Year)				
	5a. If married, widowed, or divorced HUSBAND of					
BINDIN I IS A P AGE sho properly	(or) WIFE of	17., I HEREBY CERTIFY, That I attended deceased from				
	G. 10 1 10 10 10 10 10 10 10 10 10 10 10 1	19 to 19 19				
FOR THIS ed.	6. DATE OF BIRTH (month, day and year) 26-1927 7. AGE Years Months Days If LESS than 1 day,	that I last saw h				
e e e e e	hrs. or	and that death occurred, on the date stated above, atm.				
Sa light	Still Born, min.	The CAUSE OF DEATH* was as follows:				
RVED FO INK—TH supplied.	8. OCCUPATION OF DECEASED	suu fon,				
	(a) Trade, profession, or	70 Vacon Yound (duration) yrs, mos. ds, CONTRIBUTORY (Secondary)				
RGIN RESERVED UNFADING INK- be carefully supp erms, so that it m n back of certifica	(a) Trade, profession, or particular kind of work					
N RES FADIN carefull s, so th	(b) General nature of industry, business, or establishment in					
RGIN UNFA be ca erms, n back	which employed (or employer)					
E SE CIN	(c) Name of employer					
<b ** ô	Va., 1, 0.	(duration)yrs,mosds.				
M/WITH WITH should plain ction	9. BIRTHPLACE (city or town) 730 cse, Solo . (State or country)	18. Where was disease contracted if not at place of death?				
sh Sh						
on s in stru	10. NAME OF SAPHER	Did an operation precede death? Date of				
NL)	- Sucharo Correcting	Was there an autopsy?				
e Kara	11. BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?				
PLAINLY nformation DEATH i	(State or Country)	(Signed) M. D.				
B in Fig.	11. BIRTHPLACE OF FATHER (city or town) (State or Country) 12. MAIDEN SHAME OF MOTHER (City or town)	4/27/276 (Address) Toolse Idoho.				
WRITE m of i ISE OF portant.	12. MAIDEN HAME OF MOTHER (3)					
SE SE	10 DYDWYDY ACT OF ACTIVED A 1	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)				
4 H E	13. BIRTHPLACE OF ACTHER (city or town) (State or Country)	whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
~~~	14.	19. Place of Burial, Cremation, or Removal Date of Burial				
very ate (	Informant Jean Clawy.	1 2 2 2 Mg				
Ever state is ver	(Address) Boise Ida ho.	moresofell Genetery. 7-21-27				
<u>', ~ </u>	15. 128 37 tout D'Aman	20. Undertaker Address				
Toule	Filed 7 19 Registrar	Wm mc Bretrey Boise odaho				
<b>472</b>						
		V				

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

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Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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Do not accept a certificate of death signed only by a

midwife.

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	THE WAR IT				
70 !	RECEIVED MAR I	STATE OF II EPARTMENT OF PUBL		DO NOT WRITE	IN THIS SPACE
ANS OC-	_ PLACE OF DEATH	STATISTICS			
of		CERTIFICATE OF istration District No		State File No	30730
ECORD EXACTLY, PHYSICIANS Exact statement of OC-		ary Registration Distri		Local Registrar's	No. 4985
, e	(No.	Ossiden	-	)	•
LY, stat	2. FULL NAME	a Rospital or institution	, give its name instead in	stead of street and n	ımber.)
E CLE	Chil as ell bus				
RECORD   EXACTLY,   Exact stat	(a) Residence No. 326 - 4 (22)  (Usual place of abode)	m. //www		nonresident give city	or town and State)
# <u> </u>	Length of residence in city or town where death		de. How long in U. S.,	ii of foreign birth?	yrs. mos. ds.
PERMANENT Intould be stated erly classified.	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL	CERTIFICATE OF D	EATH 140
AN) be a		ngle, Married, Widowed, ivorced (wpite the word)	16 DATE OF DEATH	,	
	Male 97 hate or	Infut	(Month)	$-\mathcal{L}$ (Day)	19 2 7 (Year)
PERM should perly o	5a If married, widowed, or divorced HUSBAND of				
<b>⋖</b> ∺ 5 3	(or) WIFE of	`	17 HEREBY	CERTIFY, That I at	tended deceased from
E. o P E	6 DATE OF BIRTH (month, day and year)	6-1927	that I last saw h	1982, to	I Telale 10 I 7
THIS lied. Inay be certifi	7 AGE Years Months Days	If LESS than 1 day,hrs.	and that death occurred,	on the date stated a	oove, at m.
[E. P. 44]	- number -	or min.	The CAUSE OF DEATH	I* was as follows:	
INK. sup	8 OCCUPATION OF DECEASED		sself	1 & arn	h
	(a) Trade, profession, or particular kind of work	zu j		1 G 2 G 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
ADING carefull s, so the	(b) General nature of Industry, business, or establishment in which employed (or employer)			duration)yrs	mos ds.
12: 선생!	(c) Name of employer		CONTRIBUTORY (Secondary)		***************************************
UNI l be tern uctio	a RIPTHELACE (oftwar town) Arran	The same		duration) yrs	mos ds.
VITH should plain instr	9 BIRTHPLACE (city or town) Color (State or country)	Julet	18 Where was disease co	ntracted th?	
<b>~</b> 20 <b>~</b> 11	10 NAME OF FATHER		Did an operation precede	-	of
tion H in See	9 11 BIRTHPLACE OF FATHER (city or town	garan -	Was there an autopsy? .	_	
LAINLY nformati DEATH rtant.	11 BIRTHPLACE OF FATHER (city or tow		What test confirmed dia	gnosis?	
	12 MAIDEN NAME OF MOTION	Die D	(Signed)	(Address)	atilla
in of E	Mary Molen	Kartaker	11/4/	0	Jaa
WRITE item of AUSE (	13 BIRTHPLACE OF MOTHER (CINOX town (State or country)	(a)	*State the DISEASE (LENT CAUSES, state		
: 1	14	Canal .	and (2) whether ACCIDE	ENTAL, SUICIDAL, or	HOMICIDAL.
L. e Li	Informant		19 Place of Burlai, Crem	nation, or Removal	Date of Burial
stat rion	(Address)	p	Monutain Visi	or Erm	13/7 1027
B	15 Filed 2-7 192-7	Pa	20! Undertaker	0 1/11	Address
그월드	1 1100	Registrar	Trumach	n & stall	Votatalle

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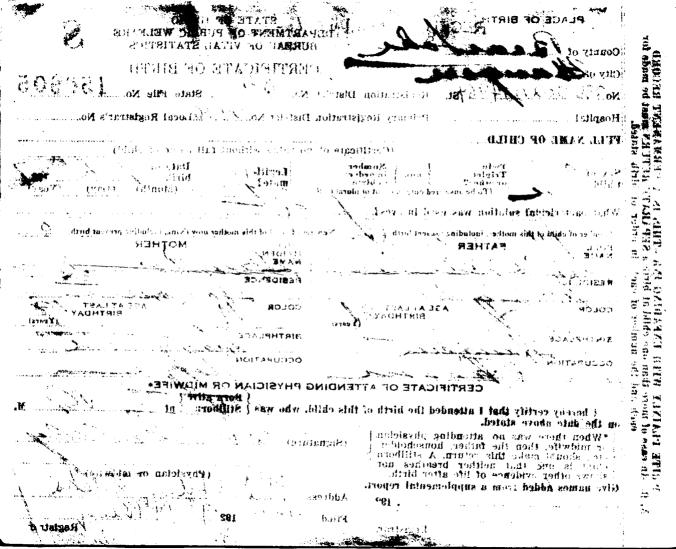
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Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE made for BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. URN must | stated. Primary Registration District No. 9/36 Local Registrar's No. Hospital ..... RETURN FULL NAME OF CHILD (Certificate of no value without full name of child) birth Number Date of Twin Sex of Legiti-Triplet in order birth..... Child or other? of hirth matel SEPARATE (Year (To be answered only in event of plural births) (Month (Day) oť What bactericidal solution was used in eves?..... order Number of child of this mother now living, including present birth. Number of child of this mother, including persent birth MOTHER **FATHER FULL** NAME birth each. RESIDENÓ t t COLOR COLÓR AGE AT LAST one child BIRTHDA number BIRTHPLACE the 7 CERTIFICATE OF ATTENDING PHYSICIAN an PLAINLY I hereby certify that I attended the birth of this child, who was on the date above stated. *When there was no attending physician (Signatur & or midwife, then the father, householder, etc., should make this return. A stillborn WRITE child is one that neither breathes nor shows other evidence of life after birth. Give names added from a supplemental report. Address Filed..... Registrar. Registrar.



(Years)

TXIM. CHRISTIANS OF BIRTH Memberration District No. Man Remarkston District No. Local (III selbor subschiefe the and "Schlichth" is tone of child la stull Legiti eteth.... or other ... to be an everythe the events of plural What persievante was used to prompt Colling to Negatonum? Someon of while of this mether, including propert birth HILLITO W desidence filanci place of shorts! ters the same sty shooties and State If nonresident, we pince and historica (Chy and Mate or Colory Water and State or Constrate Opening Lon .... Lake THE PROPERTY OF THE PARKS HANGGIAN, OR MUNICIPALITY I har ally courtly that I attended the Mathial Mindelatia who was an the date bieve stated. *Where there was no attending physical Physician of M or micwil alben the father, householden. etc., should make this return. A statement child in one that cotton brouther see shows other evidence of the after ment

ENT RE	County of Boundary County of Parish Duiler  No. St. Registration District  Hospital Primary Registration	STATE OF IDAHO PARTMENT OF PUBLIC WELFARE FURBAU OF VITAL STATISTICS SERTIFICATE OF BIRTH  No. 8 5 State File No. 15/1981 District No. 2/85 Local Registrar's No. 2/4		
ETUEN th stat	(Certificate of	no value without full name of child)		
48.2	Sex of Triplet and Number in order or other? (To be answered only in event of plural birth.)	mate: Date of 12 198 (Month) (Day) (Year)		
# 3	What bactericidal solution was used in eyes!			
EPAR order	Number of child of this mother, including present birth 3 Numb	er of child of this mother now living, including present birth 2		
DING INK— I at birth a of each, in	PULL FATHER NAME Marren P. Janes	FULL MOTHER MAIDEN LASTA Name  Lasta Name		
	RESIDENCE Priess Princer	RESIDENCE Preist Ruier		
	color  white  AGE AT LAST BIRTHDAY (Years)	COLOR  AGE AT LAST BIRTHDAY 2 (Years)  (Years)		
UNFA pne child number	BIRTHPLACE Shakane Wash	BIRTHPLACE atlanta Georgia		
WITH the o	OCCUPATION Past master	OCCUPATION Lofuse wife		
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
of more	I hereby certify that I attended the birth of this child on the date above stated.	i, who was Still form at 6.15 A M		
E 98 E	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	ture) O Car Set Aff MC		
WRI's	shows other evidence of life after birth.  Give names added from a supplemental report.  Addres	(Physician of midwife)		
×	172	May 1 1927 Ele Stall		
	Registrar.	Registyár.		

FOR A COLOR OF A STATES DEPARTMENT OF PUBLIC WELFAME BUREAR OF TITAL STACISTICS. CERPTERCATE OF BIRTH contribute of no volue without but annous To Mill unbermick i biege f diale matel Armi lo 1 A milin co Alla 1 Series and a state of room become an off What bactericidal so the was used in event Variance of child of this mother now living, inchading prevent breth. Number of child of this in ... is saing present birth MOTHER JJUT DATHER MAIDEN MAME BALL RESIDENCE 3010±018311 80.100 COLOR BIRTHPLACE COURATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE'S 1 4 Phillips appears / t heroby certify that I attended the birth of the child, who was i stillyorn i at un the date above sisted. When there was no artending physician or unidatio, then the father, householder etc., should make this course. A stittborn child is one that naither breathes nor (Physician or midwife) shows other evidence of life after birth. filve names added from a supplemental report. Add Cost Piled. Registrar.

STATE OF IDAHO DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE EXACTLY, PHYSICIANS
Frant statement of OC-. .. BUREAU OF VITAL STATISTICS - PLACE OF EACE VED State File No...... CERTIFICATE OF DEATH Registration District No.....85 County of Bonner 🛶 Local Registrar's No. Primary Registration District No. 2185. City of Priest River (No. Priest River Hospital (If death occurred in a hospital or institution, give its name instead instead of street and number.) RECORD (a) Residence. No..... (If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds. (Usual place of abode) Length of residence in city or town where death occurred mos. MEDICAL CERTIFICATE OF DEATH classified. PERSONAL AND STATISTICAL PARTICULARS 5 Single, Married, Widowed, or Divorced (write the word) 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH Male White Single should (Day) properly 5a if married, widowed, or divorced HUSBAND of HEREBY CERTIFY, That I attended deceased (or) WIFE of 6 DATE OF BIRTH (month, day and year) April 62 1927 and that death occurred, on the date stated above, at 7 AGE If LESS than Years Months Days carefully supplied. day, min. .hrs. The CAUSE OF DEATH* was as follows: 8 OCCUPATION OF DECEASED back (a) Trade, profession, or particular kind of work. None UNFADING (b) General nature of Industry, business, or establishment in 60 8 which employed (or employer) ..... instructions (c) Name of employer Priest River 9 BIRTHPLACE (city or town) ..... 18 Where was disease contracted (State or country) Idaho if not at place of death?... Did an operation precede death? Date of 10 NAME OF FATHER See Warren P. Jones Was there an autopsy? _ 11 BIRTHPLACE OF FATHER (city or town) Spokane What test confirmed diagnosis2 (State or country) important. (Slaned) Wash 12 MAIDEN NAME OF MOTHER Ę( Lotta L. Handy *State the DISEASE CAUSING DEATH, or in deaths from VIO-LENT CAUSES, state (1) MEANS AND NATURE OF INJURY. 13 BIRTHPLACE OF MOTHER (city of town) Samanna. OVUSE very (State or and (2) whether ACCIDENTAL, SUICIDAL. or HOMICIDAL. 33. Place of Burlai. Cremation, or Removal Date of Burial Informant. state UPATION (Address)

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using aways the same accepted

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DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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Do not accept a certificate of death signed only by a mid wife.

465 UP BINTH 1639 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of B GOVERNED MAY 6 BUREAU OF VITAL STATISTICS City of Sandhom CERTIFICATE OF BIRTH 78 Registration District No State File No..... Primary Registration District No.2 / 5.5 Local Registrar's No..... stated. (Certificate of no value without full name of child) birth Number Twin Date of Legiti-Sex of in order Triplet of birth Child 7 or other? mate? (Month) (Year) SEPARATE (To be answered only in event of plural births) 0 What bactericidal solution was used in eyes!..... Number of child of this mother now living, including present birth Number of child of this mother, including present birth MOTHER **FATHER** FULL FULL MAIDEN NAME NAME each. RESIDENCE RESIDENCE # 7 COLOR COLOR number (Years BIRTHPLACE BIRTHPLACE one OCCUPATION OCCUPATION ICATE OF ATTENDING PHYSICIAN OR MIDWIFE+ of more PLAINLY I hereby certify that I attended the birth of this child, who was a stated on the date above stated. When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor WRITE (Physician or midwife) shows other evidence of life after birth. Give names added from a supplemental report. Registrar.

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\$ ÷	STATE OF IDA	HO		
AF.	RECEIVED MAY R TO DEPARTMENT OF PUBLI	C WELFARE DO NOT WRITE IN THIS SPACE		
<u> </u>	PLACE OF DEATH 1927 BUREAU OF VITAL ST			
YSICIAN OCCUP.	County of Donner. CERTIFICATE OF	DEATH State File No		
H to	Registration District No	7		
1 2	City of and found Primary Registration District	No. 2/55 Local Registrar's No		
LX	•			
E E	(No			
r RECORD ed EXACTLY, Exact statement	Hillman Marta			
異語は	2. FULL NAME SUCCOSW MOWG	onery		
Exe I	(a) Residence. No(Usual place of abode)	St. (If nonresident give city or town and State)		
ENT Estated	Length of residence in city or town where death occurred. yrs. mos. ds.	How long in U. S., if of foreign birth? yrs. mos. ds.		
GERMANENT uld be state classified. E	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 18 1.192		
¥	SEX 4. COLOB, OR RACE 5. Single, Married, Widowed,	16. DATE OF DEATH		
NG PERM hould	Male White or Distress (write the word)	Sullbarnap 19		
DIN A P sho erly	5a. If married, widowed, or divorced	(Month) (Day) (Year)		
BINDING IS A PE AGE shou	HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from		
		7, 19, to 77, 19		
FOR THIS ed. y be	6. DATE OF BIRTH (month, day and year)	that I last saw how alive on 7 , 19		
E E E S	7. AGE Years Months Dets If LESS than 1 day,	and that death occurred, on the date stated above, at		
Supplied it may tificate.	min.			
RVE INK sup it i	8. OCCUPATION OF DECEASED			
	(a) Trade, profession, or particular kind of work			
N RESTADING	(b) General nature of industry,			
RGIN RIUNFADI UNFADI be caref erms, so	business, or establishment in which employed (or employer)	(duration) yrs, mos, ds.		
P. S.	(c) Name of employer	(Secondary)		
7 38		(duration) yrs. mos. ds.		
M/WITH should plain ction	9. BIRTHPLACE (city or town)	18. Where was disease contracted		
E P S X	(State or country)	if not at place of death?		
st in K	10. NAME OF FATHER Could Wont gones	Did an operation precede death? Date of		
PLAINLY nformation DEATH See inst	11. BIRTHPLACE OF FATHER (city or town)	Was there an autopsy?		
PLAI uform DEA' See		What test confirmed diagnosis?		
.=	(State or Country)  N. Aaksta  12. MAIDEN NAME OF MOTHER Pela M. Flint	(Signed)		
of ignt.	12. MAIDEN NAME OF MOTHER Ella M. Flint	(Address)		
WRITE m of i ISE OF	18. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT		
WRI item AUSE	(State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
>0 ×	11 C mark	19. Place of Burial, Cremetion, or Removal Date of Burial		
very ate (	14. Informant Our Montgomen	Alla 1029		
Ever state is ver	(Address) 921 Vollar St. San fout, all	uneres comery pr. s, "2/		
A HA	15. Filed aprila 1927 Viold allen	20. Undertaker Address		
- FF-	Filed Ciprica, 1921 Clother Registrar	aisolvoon Handporn dela		
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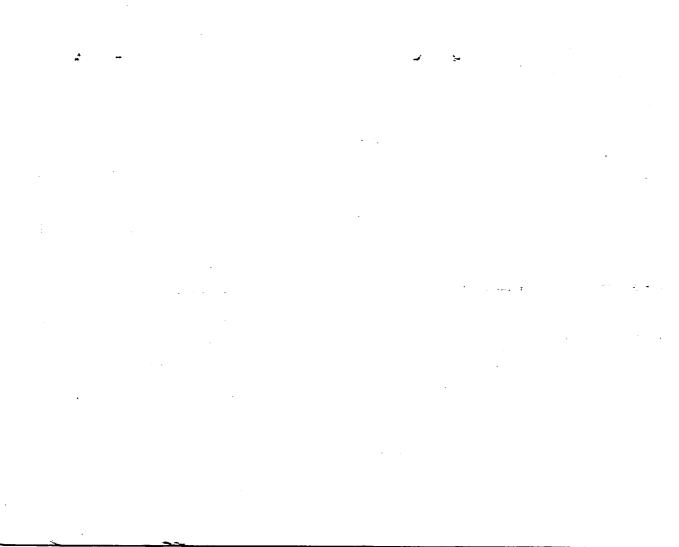
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STATE OF IDAHO RECEIVED MAY 6 1927 BUREAU OF VITAL STATISTICS PERMANENT RECORD RETURN must be made for irth stated. County of Bonner ony of Kootenai CERTIFICATE OF BIRTH 76 State File No. 151002 Registration District No. Hospital Home Primary Registration District No. 2 155 Local Registrar's No. FULL NAME OF CHILD......Carl..Helmgren (Certificate of no value without full name of child) birth Twin Date of Number Legiti-Sex of Yes birth April 18 Triplet in order mate? Child or other? of birth K—THIS IS A
a SEPARATE In order of bi Male (Month) (Day) (To be answered only in event of plural births) What bactericidal solution was used in eyes! Number of child of this mother, including present birth ______Number of child of this mother now living, including present birth. MOTHER FATHER FULL FULL MAIDEN NAME NAME Shella Paulson Carl Holmgren RESIDENCE RESIDENCE Keetenai Keetenai UNFADING ne child at a umber of c COLOR AGE AT LAST COLOR AGE AT LAST 30 one child BIRTHDAY BIRTHDAY. White White (Years) (Years) BIRTHPLACE BIRTHPLACE one Morway Sweeden WITH than or OCCUPATION OCCUPATION Housewife Laborer CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE+ Ĕ case of more each an WRITE PLAINLY I hereby certify that I attended the birth of this child, who was a Stall form at ...... on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor (Physician or midwife) shows other evidence of life after birth. Give names added from a supplemental report. Address Sandpoint Idaho Filed May 3 192 7 keely Registrar. Registrar.



21	1	RECEIVED MAY 6	STATE OF IDA	но		
P. P. P.		MAY B	1928 PARTMENT OF PUBLI	C WELFARE	DO NOT WRITE IN THIS SPACE	
55		PLACE OF DEATH	BUREAU OF VITAL ST		DO NOT WHITE IN THIS STACE	
PHYSICIAN of OCCUPA	_		CERTIFICATE OF	DEATH	State File No. 57144	
H	Co	ounty of Donney	Registration District No	<i>y</i>		
= 1	Ci	ty of andpoint	Primary Registration District		Local Registrar's No	
LY					,	
ORD ACTL statem	(No(If death occurred in a hospital or institution, give its nam			name instead of street and	d number,)	
7 No. 1	2	FULL NAME Sufar	t Holmgren			
<b>2 3</b>	~.	(a) Residence. No.		St.		
ated Ex	,	(Usual place of abode)			(If nonresident give city or town and State) of foreign birth? yrs. mos. ds.	
E tr		ength of residence in city or town where des	un occurred. yrs. mos. us.	1	1.411	
A Sifi	PERSONAL AND STATISTICAL PARTICULARS			AL CERTIFICATE OF DEATH		
NG PERMANENT hould be state y classified. I	Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of		5. Single, Married, Widowed, or Diverced (write the word)		THE SHOWING	
ING PER! should rly clar			Amgle		(Month) (Day) (Year)	
□ <			17. I HEREBY C		TIFY, That I attended deceased from	
				Mr. 1749 100 (E.) 10 (10 L.)	, 19, 19	
FOR THIS ed. 1		DATE OF BIRTH (month, day and year)	april 18,1927	that I last saw h	alive on, 19	
E E E E	7. AGE Years Months Days If LESS		Days If LESS than 1 day,	and that death occurred, on the date stated above at		
G T g a g	 	Stillburk	min.	The CAUSE OF DEA	TH, was an follows:	
RVE INK Sup	8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer		Still born Death due &			
S P A S						
RESE DING efully so tha of ce			(duration) yrs. mos. ds.			
FA Car						
RGIN UNF. be ca erms, n bac				CONTRIBUTORY (Secondary)		
<b>4</b> : → 5	9. BIRTHPLACE (city or town) Saulpont (State or country)			(duration) yrs. mos. ds.		
WITH WITH should plain ction			18. Where was disease contracted if not at place of death?			
	10. NAME OF FATHER Chas. Hobrigen.  11. BIRTHPLACE OF FATHER (city or town) (State or Country)  12. MAIDEN NAME OF MOTHER Shella Paulone		Did an operation precede death? Date of			
ing Hill			Was there an autopsy?			
PLAINLY nformation DEATH See inst			What test confirmed diagnosis?			
T SE			(Signed) Casson J. Class, M. D.			
WRITE m of i ISE OF portant.			hella Vaulson	19	(Address) Jungow III.	
VRI SE Sort		18. BIRTHPLACE OF MOTHER (city or	town)	*State the DISEASE	E CAUSING DEATH, or in deaths from VIOLENT	
Ate		(State or Country)	norway.	CAUSES, state (1) whether ACCIDENTA	MEANS AND NATURE OF INJURY, and (2) L, SUICIDAL, or HOMICIDAL.	
>° C ≥	14	Hal Hel	mares )	19. Place of Burial, C	Cremation, or Removal Date of Burial	
-Ever state is ver		(Address)	Malako	timeres 1	Cemeters 1919 27.	
".E	1,5	CA A A	11:0000	Jondartsker	Address	
	10	" Filed Upril / 9, 1927	Pelout, Registrar	MATON X	San Asamt NA	
Z TO E			- July	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	wire construction, and.	

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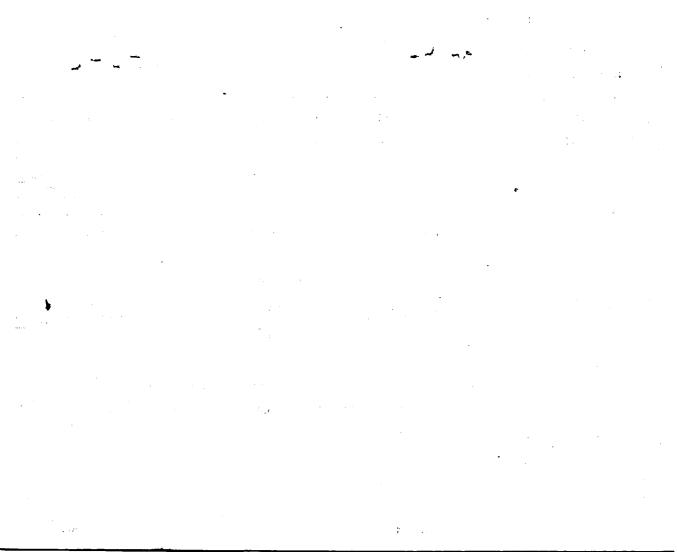
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D ILY, PHYSICIANS statement of OC-	STATE OF IDAHO  DECENSED MAY 6  1927 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH County of Primary Registration District No.  Primary Registration District No.  (No.		
RECORD I EXACILY, Exact stat	(a) Residence. No.  (Usual place of abode)  Length of residence in city or town where death occurred yrs. mos.	St.  (If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
	PERSONAL AND STATISTICAL PARTICULARS  3 SEX	MEDICAL CERTIFICATE OF DEATH	
	Male Mure  Ba If married, widowed, or divorced	(Month) (Day) (Year)	
IS A AGE se prop	HUSBAND of (or) WIFE of  6 DATE OF BIRTH (month, day and year)  19-27	17 I HEREBY CERTIFY, That I attended deceased from  19 to 19	
THIS oplied. may l	7 AGE Years Montes Days If LESS than 1 day, hrs. or min.	and that death occurred, on the date stated above, at 2:30 ff m.  The CAUSE OF DEATH* was as follows:	
Part I	(a) Trade, profession, or particular kind of work	(duration) yrs ds.	
FAD car ms,	which employed (or employer) (c) Name of employer	CONTRIBUTORY deficult freech delivery (Secondary)  (duration)	
orren should plain instru	9 BIRTHPLACE (city or town)  (State or country)  10 NAME OF FATHER	18 Where was disease contracted if not at place of death?  Did an operation precede death? Date of	
LX, ation H	11 BIRTHPLACE OF FATHER (city-or town) (State or country)	Was there an autopsy?	
日本の間 日本の日	12 MAIDEN NAME OF MOTHER CHAring	*State the DISEASE CAUSING DEATH, or in deaths from VIO-	
WRIT item	14 10000	LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  19 Place of Burial, Cremation, or Removal Date of Burial	
3.—Every ld state ( ATION is	Information	Bon nevalury dallar 291927	
N. B. should CUPA	15 Filed War, 29, 1927 Registral	AR Crouch Honness Ferry.	

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DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

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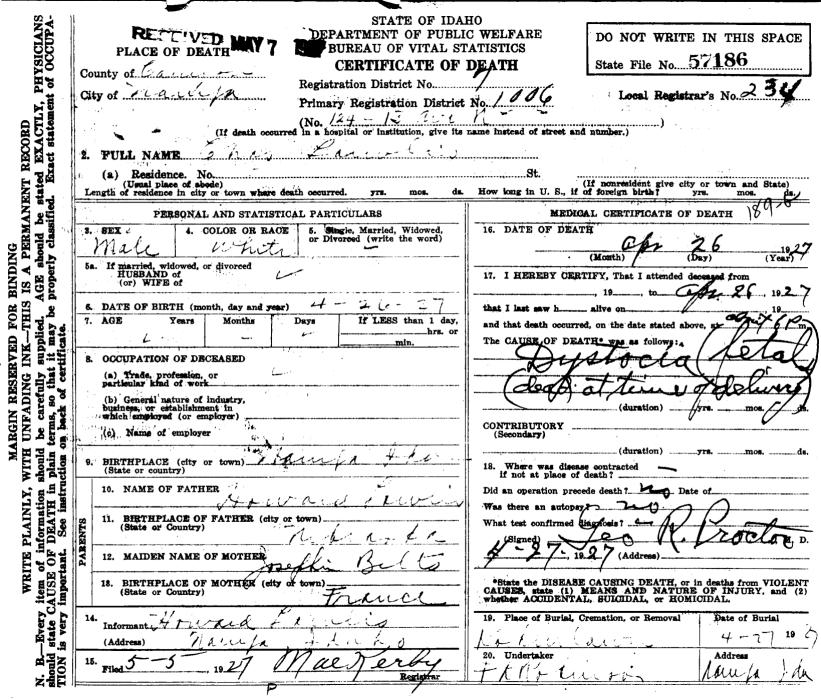
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Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO 1927 EPARTMENT OF PUBLIC WELFARE RECEIVED MAY 7 be made for BUREAU OF VITAL STATISTICS RECORD CERTIFICATE OF BIRTH Registration District No. State File No. Primary Registration District No. RETURN (Certificate of no value without full name of child) Number Twin Date of Legiti-Sex of Triplet in order hirth. Child or other? of birth mate (Month (Day) (Year) (To be answered only in event of plural births) of What bactericidal solution was used in eves?..... order SEP Number of child of this mother, including present birth ... Number of child of this mother now living, including present birth MOTHER **FATHER** FULL FULL MAIDEN NAME each. RESIDENCE RESIDENCE # 7 COLOR AGE AT LAST COLOR child BIRTHDAY number (Years) BIRTHPLACE BIRTHPLACE one OCCUPATION OCCUPATION ~ CERTIFICATE OF ATTENDING PHYSICIAN OR ğ PLAINLY I hereby certify that I attended the birth of this child, who was on the date above stated. *When there was no attending physician **CBB6** (Signature) or midwife, then the father, householder, WRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician/or midwife) Give names added from a supplemental report. Address Registrar.

• ,



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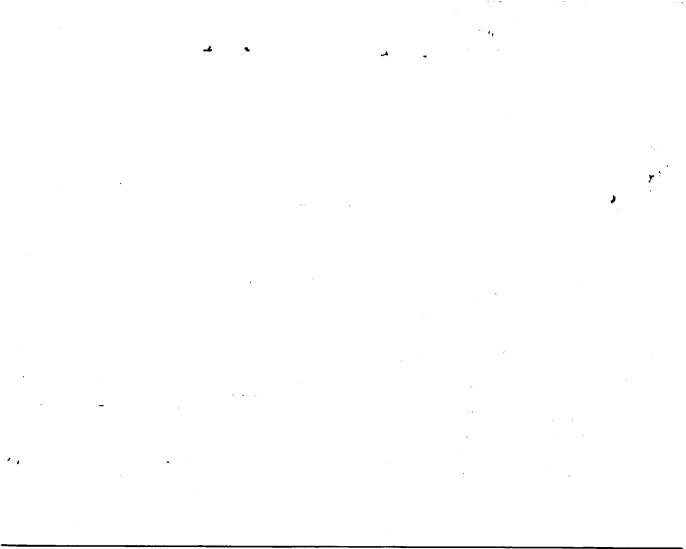
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	PLACE OF RECEIVED MAY 6 1997 DEE	STATE OF ID		$\mathcal{C}$	
	Country of the same of the sam	BUREAU OF VITAL		3	
	City of Pression, Ida	ERTIFICATE C	F BIRTH 151	148	
	No 863 203 02/262 St. Registration District	No. 27 s	State File No	••••	
٦	Hospital Primary Registration	District No. 2117	Local Registrar's No.	83	
stated.	FULL NAME OF CHILD (Certificate of no value without full name of child)				
birth	Sex of Child Twin ale Triplet or other? Sex of birth (To be answered only in event of plural birth)	Legiti- mate? yes	Date of birth	1927 (Year)	
r of	What bactericidal solution was used in eyes?				
order	Number of child of this mother, including present birth 1 Numb		w living, including present bir	th 1	
E E	FULL FATHER NAME	FULL MAIDEN NAME	MOTHER		
each,	Lyman Hollingsworth	Leora-	Bosen		
ea	Preston, Ida	residence Preston, Ida			
of	COLOR AGE AT LAST	COLOR	AGE AT LAST	17	
number	White BIRTHDAY 10 (Years)	White	BIRTHDA	Y(Years)	
	BIRTHPLACE	BIRTHPLACE			
	Preston, Ida	OCCUPATION RIVE	rdale, Ida		
the	occupation Farmer	ī -	ewife		
and	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWLE*				
	I hereby certify that I attended the birth of this chile	Born ali	3-40	) A- M	
each	on the date above stated.				
	*When there was no attending physician or midwife, then the father, householder, (Signa	L			
	etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(P	M.D. hysician or midwife)		
إ	Give names added from a supplemental report.	Dnogton	, Ida		
	, 192 Addres	,	: <u>,                                    </u>		
•	Filed.	11, ay 3 1927			
	Registrar.	$\alpha$		Registrar.	



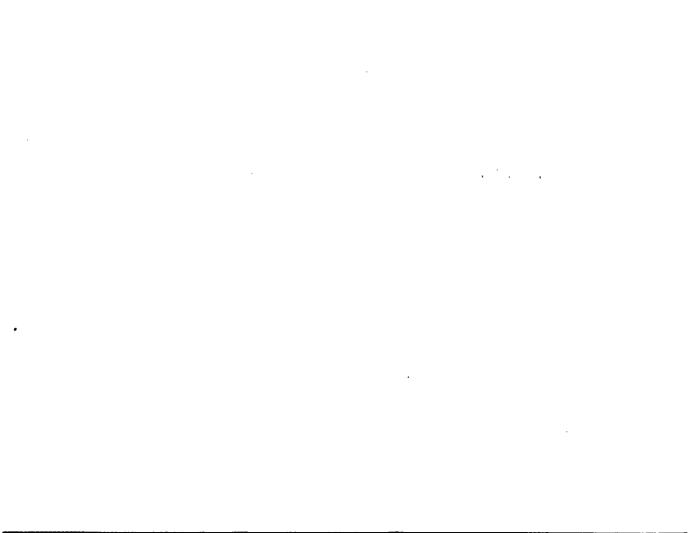
ould st r	FORM V. S. No. 125 M. L. VED WAY 6 1927 BTIFICATE O	F DEATH DEPARTMENT OF RUREAU OF VI	OF IDAHO PUBLIC WELFARE TAL STATISTICS
YSICIANS shou OCCUPATION	County of Trust Bus Registration District No.		57219
PA	City of Wusden Primary Registration Distri	Local Registrar's l	
ÇĢ	If death occurs away from (No.	St.) If de	th occurred in a hos-
X81	usual residence, give facts called for under special in-	Skelling pital,	fustitution or camp, its NAME instead of
e Ha	formation. 2. FULL NAME	your street	and number.
RECOR CTLY, bement	PERSONAL AND STATISTICAL PARTICULARS  SEX 4 COLOR OR BACE & SINGLE, MARRIED, WID-	MEDICAL CERTIFICATE OF	DEATH 189
TAC Tat	OWED OR DIVORCED	16, DATE OF DEATH	×1
EX EX EX	female (Write the word)	Leps 3	192/
N P P	L DATE OF RIETH	(Month) (D	ay) (Year)
		17. I HEREBY CERTIFY, That I att	ended deceased from
5 E E	(pr/) 1927	7 10 7 to 10	, h.,
A PER	(Month) (Day) (Year)	that I last saw he alfre on	
Pod S	7. AGE Still Bom Child day how many	and that death occurred on the date states	
2	hrs. or	The CAUSE OF DEATH* was as follows:	/ )
	Yrs Mos ds min.?	THE CAUSE OF DEATH WAS AS ICHOWS:	*/-
	8. OCCUPATION	Simila da a a a a a a a a a a a a a a a a a	4 2 - 6 0 5
	(a) Trade, profession or	130m fellow my a	The same
SER G II supp	particular kind of work(b) General nature of in-	Had been aig 4 94	
窗窗 黄色	dustry, business or estab- lishment in which employ-	Delove (Buration) yrs.	
	ed (or employer)	Contributory	
Pare Pare	9. BIRTHPLACE TO A DA CO	(Secondary)	
	8. BIRTHPLACE (State or Country) Tranklin (2) Marie	(Signed) yrs.	1 T. 1 = 1
S. P. C.	10. NAME OF A STATE OF CONTRACTOR	(Signed)	The Contract of the Contract o
Y, WIT should terms, on back	11. BIRTHPLACE	27.419.27 (Address) P. 12.	
CY,	OF PATHER	*State the Disease Causing Death; or in Causes, state (1) Means of Injury; and (2)	deaths from Violent whether Accidental.
tion on s	(State or Country)	Suicidal or Homicidal.	
In I	12. MAIDEN NAME OF MOTHER	18. LENGTH OF RESIDENCE (For Ho	
	18. BIRTHPLACE	Transients or Recent Residents.)	* * * *
F-24	OF MOTHER	of deathyrsmosdays, State	yrsmosds.
See See	(State or Country)   W CC C A ULL  14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?	
Every Hen CAUSE OF Important.	(Informant)	Former or	•
	(Informant)	usual residence	
Eve Por	(Address)	19. PLACE OF BURIAL OR REMOVAL	
] <b>3</b>	16. 201 2 03 TO W. A Q		19
tate	Filed May 3 102) GK. Cuty	20. UNDERTAKER	ADDRESS
<b>74 25 P</b>	Local Registrar		

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PLACE OF BRIDVED RECORD be made for STATE OF IDAHO 1927 EPARTMENT OF PUBLIC WELFARE County of ... BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH PERMANENT I RETURN must b th stated. Registration District No. (If born in hospital or institution Prim. Registration District No. 2/83 Local Registrar's No. 3 + give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Sex of Date of Triplet Legitiin order -THIS IS A SEPARATE Child birth or other? of hirth mate?Z (To be answered only in event of plural births) (Month) (Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth___ ____ (a) Born slive and now living Born alive but now dead. Stillborn MOTHER FULL MAIDEN NAME Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State. Color or race at last Birthday Color or reco ge at last Birthday Birthplace .. Rirthniese (City and State of Country) (City and State or Country) Housewig ocklan an Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* more I hereby certify that I attended the birth of this child, who was Stillbox on the date above stated. (Signature) *Where there was no attending physician or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.



PLACE OF BIRTH STATE OF IDAHO 10 PPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH City of Registration District No.......State File No. Primary Registration District No......Local Registration No..... Hospital in amed (Certificate of no value without full name of child) Number Twin Date of Sex of Triplet in order hirth... Child --or other? of birth mate l SEPARATE (To be answered only in event of plural births) (Month) (Day) * What bactericidal solution was used in eyes? prider Number of child of this mother now living, including present birth Number of child of this mother, including present birth MOTHER FULL **8** E FULL MAIDEN NAME NAME RESIDENCE RESIDENCE COLOR COLOR number BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE+ I hereby certify that I attended the birth of this child, who was a Still on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor I (Signature) shows other evidence of life after birth. Physician or midwife Give names added from a supplemental report. Registrar.

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ب _د 20		DEPARTMENT OF PUBL		
LANS -00-	CERTIFICATE OF		1 5775U 1	
SIC.	Co	unty of Nov Leave Registration District No	Total Books No. //37	
ent X	Cit	y of Primary Registration Distr	ict NoLocal Registrar's No	
te P		(No	a, give its name instead instead of street and number.)	
LY	9	FULL NAME ( Manden		
ACT L			Wastally Idaha RI	
RECORD EXACT Exact	T_n	(a) Residence. No	(If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.,	
'R .		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
PERMANENT hould be state erly classified	3 4	SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH  Plone 22. 1927	
ER.	5a If married, widowed, or divorced HUSBAND of (or) WIFE of		(Month) (Day) (Year)	
			17 Mcoule 22, 19.27, to Mirk. 22, 19.27.	
AGE AGE pro ficate.	6 1	DATE OF BIRTH (month, day and year) Stillborn	that I last saw h alive on 19	
red.		AGE Years Months Days If LESS than 1 day,hrs.	and that death occurred, on the date stated above, at 6. 457 m.	
High S	<u> </u>	i i ormin.	The CAUSE OF DEATH* was as follows:	
NK—TH supplied it may k of cer	8	OCCUPATION OF DECEASED	considered and Harris	
HIY SILPAT	(a) Trade, profession, or particular kind of work		(duration) yrs. mos. ds.  CONTRIBUTORY 6/2 22-0-16 gas to 6:  (Secondary)	
S efu	which employed (or employer)			
<b>1</b> 8				
UNFA be c terms		Vottell Delah	(duration) yrs mos ds.	
ITH UNFAhould be colain terms instruction	9 BIRTHPLACE (city or town) (State or country)		18 Where was disease contracted if not at place of death?	
P 82		10 NAME OF FATHER Alma Garden	Did an operation precede death? Date of	
f, Wion ion See		7, 7,	Was there an autopsy?	
LAINLY formati DEATH rtant.	ENTS	11 BIRTHPLACE OF FATHER (city or town) (State or country)	What test confirmed diagnosis?	
TE E	CC		(Signed) , M. D.	
E PLAIN of inform OF DEAT	PA	12 MAIDEN NAME OF MOTHER Sare 76, 19 ailey		
WRITE item of AUSE (		13 BIRTHPLACE OF MOTHER (city or town) ( Mont	*State the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
~ C ∞	14	Informant Hung Bouch	19 Place of Burial, Cremation, or Removal Date of Burial	
B.—Ever. ld state ATION i		(Address) Post Jales - Jelas Lo	Peretrure - Ralhduna 3/23 1027	
N. B.— should CUPAT	15	Filed 3/23, 1927 & M. M. Securia	Careed Tunes of Home Pethdrum	
<b>24 %</b> Q				

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Do not accept a certificate of death signed only by a midwife.

PLACE OF BIRTRECEIVED MAY 6 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE 151240 BUREAU OF VITAL STATISTICS County of RECORD City of Registration District No. 64 State File No. Primary Registration District No. 2/49 Local Registrar's No. Hospital FULL NAME OF CHILD..... (Certificate of no value without full name of child) Twin Number Date of Legiti-Sex of Triplet in order birth Childor other? of birth mate? < (Month) (Year (To be answered only in event of plural births) (Day) What bactericidal solution was used in eyes?..... Number of child of this mother, including present birth Number of child of this mother now living, including present birth FULL FULL MAIDEN NAME each. RESIDENCE RESIDENCE COLOR COLOR BIRTHDAY number (Years) BIRTHPLACE OCCUPATION OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was [ Stillborn on the date above stated. PL *When there was no attending physician (Signature) or midwife, then the father, householder, WRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife) Give names added from a supplemental report Address

RECORD EXACTLY, PHYSICIANS Exact statement of OC-	(If death occurred in a hospital or institution	DEATH  DO NOT WRITE IN THIS SPACE STATISTICS  State Fite No
PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT B f information should be carefully supplied. AGE should be stated OF DEATH in plain terms, so that it may be properly classified. mportant. See instructions on back of certificate.	PERSONAL AND STATISTICAL PARTICULARS  3 SEX	MEDICAL CERTIFICATE OF DEATH  16 DATE OF DEATH  (Month)  17   HEREBY CERTIFY, That I attended receased from
	6 DATE OF BIRTH (month, day and year)  7 AGE  Years  Months  Days  If LESS than 1 day min.  8 OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	that last saw h alive on
	9 BIRTHPLACE (city or town)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (city or town)  (State or country)  12 MAIDEN NAME OF MOTHER (city or town)  13 BIRTHPLACE OF MOTHER (city or town)	(Secondary)  (duration) yrs. mos. ds.  18 Where was disease contracted if not at place of death?  Did an operation precede death?  Was there an autopsy?  What test confirmed disease?  (Signed) (Address)  *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY,
WEITH N. B.—Every item of should state CAUSE CUPATION is very in	14 Informant Oush Facelung (Address)  15 Filed april 30, 1927 Lucy M. Pickerd Registrar	and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  19 Place of Burial, Cremation, or Removal  20. Undertaker  Address

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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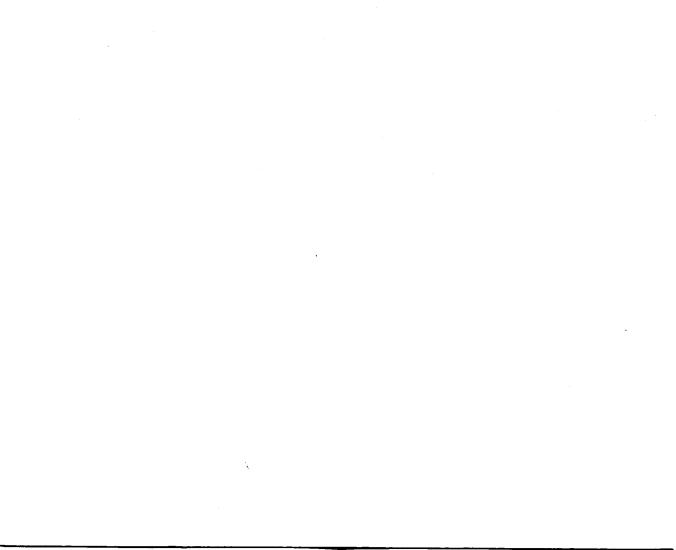
133-213 035-263 Form V. S. No. 11-C-25m-7-21-19 PLACE OF THE EIVED APR 22 County of OF BIRTH RECORD Registration District No. PERMANENT Hospital FULL NAME OF CHILD. Sex of in order Triplet Legiti Date of of birth Child mate? Rirth (To be answered only in event of plural births) (Day) ' MOTHER FULL FULL THIS NAME MAIDEN NAME RESIDENCI RESERVED COLOR COLOR WITH UNFADING (Years) (Years) BIRTHPLACE BIRTHPLACE MARGIN OCCUPATION 2 Number of children of this Number of child of this mother, including present birth. WRITE PLAINLY B.—In case of more CERTIFICATE OF ATTENDING I hereby certify that I attended the birth of this child, who was on the date above stated. *When there was no attending physician or midwife then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evi-(Signature) dence of life after birth. (Physician or Given names added from a supplemental report. Address

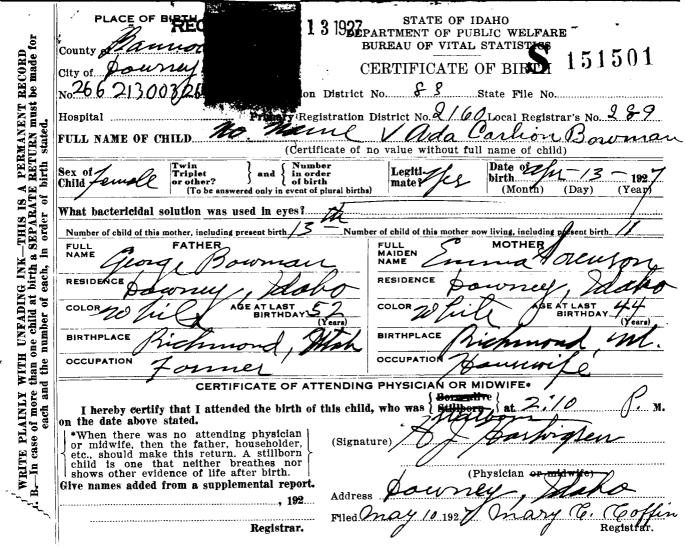
JANS	1. PLACE OF DEATH. APR 22 1027 Registration District No.	TE OF DEATH.  State of Idaho BOARD OF HEAL/TH Bureau of Vital Statistics	
YSIC	Also Aug	Strict No	
D. ILY, PH ict states	of death occurs way from usual residence, give facts called for under special information.  2. FULL NAME	If death occurred in a hospital, institution or camp, give its NAME instead of street and number.	
PER EX	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
TENT RE stated EX lassified, certificat	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID- OWED ON DEVORCED.  (Write the word.)	16. DATE OF DEATH	
MAN Type B	6. DATE OF BIRTH.	(Month) (Day) (Year)	
PER proper on bac	(Month) (Day) 1927	17. LEREBY CERTIFY, That I attended deceased from	
IS IS AGE and any perctions	7. AGE TELESS than 1 day how manyhrs. o	that I sast saw h alive on 1917, and that death occurred on the date stated above, at 12. M.	
1 7 7 2 1	8. OCCUPATION Of in	The CAUSE OF DEATH) was as follows:	
S Port	(a) Trade, profession or particular kind of work (b) General nature of in-	Auto Control (Control Control	
2 2 2 3	dustry, business, or estab- lishment in which employ- ed (or employer).	(1) Seven months baby)	
単田 単門	9. BIRTHPLACE Office Country) Defalding, Idoho,	(Duration) Yrs, mos, ds.  Contributory Qause unknown (Secondary)	
H U De plain	10. NAME OF Best, arches allegien	(Duration vrs mos ds.	
WIT Nould I in N	11. BIRTHPLACE	(Signed) M. D.	
CX, V	OF FATHER (State or Country)	*State the DESTABLE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1)	
AIN matic UPA	12. MAIDEN NAME Luciva, Bolon	MEANS OF INJURY; and (2) whether ACCEDENTAL, SUICIDAL OF HOMICIDAL.	
PLA DOCTO	18. BIRTHPLACE	18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)	
WRITE m of th CAUSE of C	(State or Country)	At place In the of deathyrsmosdays Stateyrsmosdays	
W] tem	14. THE ABOVE 19 TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?	
ery 1 stat	(Informant)	Former or usual residence	
.—Eve should	(Address) Africa, Llaho,	19. PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL	
<b>A</b> .	15.	20. UNDERDAKER / ADDRESS	
X.	Local Registra	Jamily Spolding Ida,	

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STATE OF FRAFE

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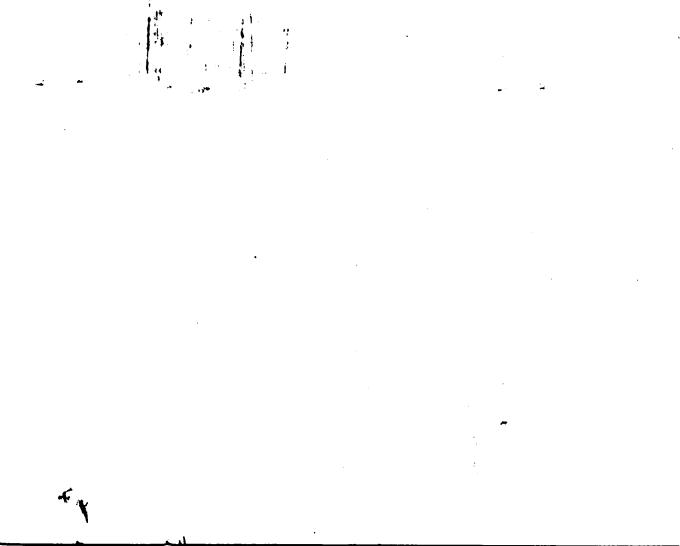
TH.	FORM V. S. No. 5-25 M. 1-1 RECEIVED	MAY 1 3 1927 EXECUTED A	TE OF DEATH	State of Idaho
DEA7	1. PLACE OF DEATH  Registration District No		C_ 0	BOARD OF HEALTH Bureau of Vital Statistics
OF ] f cer	County of Bannock	Primary Registration Dist	rict No. 2/60 E	ile No57399
JSE ick o	City of Pacorney (No			Registered No. 65-
RECORD MANS should state CAUSE See instructions on back	If death occurs away from usual residence, give facts called for under special information.  2. FULL NA		any	If death occurred in a hospital, institution or camp, give its NAME instead of street and number.
	PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH
	Jemal 4. COLOR OF RACE 5. SI	NGLE, MARRIED, WID- WED OR DIVORCED  (Write the word.)	16. DATE OF DEATH	' /2 27
ENT IYSI rtani	6. DATE OF BIRTH  Specific - 13 - 1927  (Month) (Day) (Year)		(Month)	(Day) 19 (Year)
RVED INK- shoul			17. I HEREBY CERTIFY, That I attended deceased from	
	7. AGE	IF LESS than 1 day	that I last saw halive on	
	Yrs. Mos. ds.	how manyhrs.	and that death occurred on the da	n '
	8. OCCUPATION		The CAUSE OF DEATH* was as f	
	(a) Trade, profession or particular kind of work		orema of	segnancy
	(b) General nature of in- dustry, business or estab- lishment in which employ- ed (or employer)		S Trans	gerolion ()
N RESE FADING ed. AGE statement	9. BIRTHPLACE Source (State or Country)	Laho.	Contributory	
MARGIN WITH UNF, ally supplied	10. NAME OF FATHER WORR P	Baromen	(Secondary) (Dnration)	mosds.
in the first	11. BIRTHPLACE Sich	word, ket .	(Signed) / / / / / / / / / / / / / / / / / / /	way , Italy
LAINLY d be can	(State or Country)		*State the Disease Causing Death; or in	deaths from Violent Causes, state
re Pi shoul proper	12. MAIDEN NAME OF MOTHER	Jourson	(1) Means of Injury; and (2) whether Ac	
WRI' ation	13. BIRTHPLACE Nishman	and, leh.	18. LENGTH OF RESIDENCE Transients or Recent Residen  At place In the	its.)
forma t may	(State or Country)		of deathyrsmosdays.	Stateyrsmosdays
of in that i	14. THE ABOVE IS TRUE TO THE BE	ST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?	
item is, so t	(Informant)	vinage	Former or usual residence	
ery it	(Address)	may same	19 PLACE OF BURIAL OR REM	OVAL DATE OF BURIAL
.—Every ain term	15. O 04 10 - 04 Ond	Lan Co. Coolis	fambridge, that	· 4-17-1927
m Z	Filed may 70 192/	Local Registrar	20. UNDERTAKER	ADDRESS
z.s.	SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51088	<i>U</i>	 	

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OF IDAHO RECEIVED MAY & O.L. RIMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County o RECORD State File No. Registration District No...... Primary Registration District No. 2.16 Local Registrar's No..... FULL NAME OF CHILD..... (Certificate of no value without full name of child) Twin Number Date of Sex of Legitiin order Triplet birth. or other? Child of birth mate? (Month) (Day) (Year) (To be answered only in event of plural births) of What bactericidal solution was used in eyes? a SEP Number of child of this mother now living, including present birth. Number of child of this mother, including present birth MOTHER FULL MAIDEN NAM # 5 COLOR AGE AT LAST COLOR AGE AT LAST BIRTHDAY number BIRTHDAY_ (Years) (Years) BIRTHPLACE an MOTe PLAINLY I hereby certify that I attended the birth of this child, who was | Stillborn on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn (Signature) WRITE child is one that neither breathes nor shows other evidence of life after birth. (Physician or Give names added from a supplemental report. Filed..... Registrar.



STATE OF IDAHO DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE MATE MAY 20 1927 BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No..... Registration District No. County of 0.3 Local Registrar's No. Primary Registration District No. City of. (If feath occurred in a hospital or institution, give its name instead instead of street and number.) 2. FULL NAME (a) Residence. sidence. No......(Usual place of abode) (If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds., Length of residence in city or town where death occurred Vrs. mos. should be stated MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 Single, Married, Widowed, 16 DATE OF d (write the word) (Day (Year 5a If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from 17 (or) WIFE of that I last saw h ____allve on 6 DATE OF BIRTH (month, day and year) 7 AGE Years Months Days LESS than and that death occurred, on the date stated above, at . min. or 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (duration) which employed (or employer) CONTRIBUTORY ..... instruction (c) Name of employer (Secondary) ..... yrs. ..... mos. .... BIRTHPLACE (city or town) 18 Where was disease contracted (State or country) If not at place of death?.... Did an operation precede death?..... Date of ...... 10 NAME OF FAT Was there an autopsy? ..... 11 BIRTHPLACE OF What test confirmed diagnosis (State or country) OF. *State the DISEASE CAUSING DEATH, or in deaths from VIO-CAUSE 13 BIRTHPLACE OF LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, very (State or country) and (2) whether ACCIDENTAL, SUICIDAL. or HOMICIDAL. į. Date of Burial Cremation, or Remova Informant (Addres Registra

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term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhold fever (never report 'Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," 'Convulsions," "Debility," ("Congenital," "Senile," "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock, "Uraemia," "Weakness." etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia." "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICID-AL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

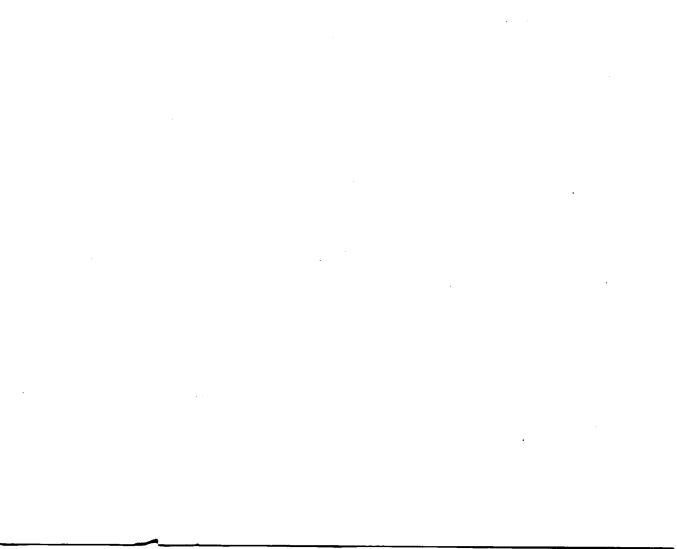
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PLACE OF BIRTH STATE OF IDAHO RECEIVED JUN 6 PRIMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH City of..... Registration District No...... Primary Registration District No. 2155 Local Registrar's No. Hospital ..... (Certificate of no value without full name of child) Number Date of Legiti-Sex of in order birth.... Child or other? mate? (Month (Year SEPARATE (To be answered only in event of plural births) (Day What hactericidal solution was used in eyes? __Number of child of this mother now living, including present birth Number of child of this mother, including present birth... FULL FULL MAIDEN NAME NAME RESIDENCE AGE AT LAST COLOR COLOR one child (Years BIRTHPLACE OCCUPATION OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. B more WRITE PLAINLY I hereby certify that I attended the birth of this child, who was I Stillborn on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor (Signature) shows other evidence of life after birth. (Physician or midwife) Give names added from a supplemental report. Registrar.



3*00*9 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of BIRTH State File No..... Registration District No .. No..... URN must | stated. 155 Local Registrar's No. Primary Registration District No. of Hospital .... RETURN FILL NAME OF (Certificate of no value without full name of child) Number Twin Date of Legiti-Sex of Triplet in order birth. matel Child or other? of birth (Month (Dav (Year) (To be answered only in event of plural births) ij What bactericidal solution was used in eyes?..... SEP Number of child of this mother, including present birth Number of child of this mother now living, including present birth FULL MOTHER FATHER FULL MAIDEN NAME NAME RESIDENCE RESIDENCE # 5 COLOR COLOR AT LAST Sell d BIRTHDAY RIRTHDAY number (Years) (Years) BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION w CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE an more PLAINLY I hereby certify that I attended the birth of this child, who was I Stillbon on the date above stated. *When there was no attending physician or midwife, then the father, householder, (Signature) WRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician Give names added from a supplemental report. z Filed. Registrar.

RECORD EXACTLY, PHYSICIANS cact statement of OCCUPA-	County of Sandford (No	TE OF DEATH  State File No5.7461
X L	(a) Residence. No.	St.
7 Ta	(Usual place of abode) Length of residence in city or town where death occurred. yrs. me	os. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
IAN be sifie	PERSONAL AND STATISTICAL PARTICULARS  4. COLOR OR RACE 5. Single Married, Wid	owed. 16. DATE OF DEATH
ING PERMANE should be sti	4. COLON OR RACE 5. Single Married, Wid or Divorced (write the	word) May 3 27
DIN A P she	5a. If married, widowed, or divorced HUSBAND of	17. I HEREBY CERTIFY, That I attended deceased from
BINDIN IS A F AGE sh properly	(or) WIFE of	, 19 , to , 19
OR HIS be	6. DATE OF BIRTH (month, day and year) May 3, 7. AGE Years, Months Days If LESS tha	that I last saw h alive on 10 and that death occurred, on the date stated above, at 3 m.
IVED FOUND FOUND IN MANAGEMENT	Stillforn min.	hrs. or The CAUSE OF DEATH* was as follows:
F - 3 F	S.A. II ORCHPASION OF DECEASED	Place to privia complete:
RESER DING I efully a so that	(a) Trade, profession, or particular kind of work	Eighth worth + one week.
Ck Car	(b) General nature of industry, business, or establishment in which employed (or employer)	(duration) yrs. mos. ds.
ARGIN: UNFA	(c) Name of employer	CONTRIBUTORY / LOCALIA CONTRIBUTORY (Secondary)
Z H T	9. BIRTHPLACE (city or town)	direction yrs. mos. ds.  18. Where was divease contracted if not at place of death?
	10. NAME OF FATHER Edward Truce La	Did an operation precede death? Date of
PLAINLY, information DEATH in	11. BIRTHPLACE OF FATHER (city or town) Daving (State or Country)  12. MAIDEN NAME OF MOTHER DAVAGE  13. MAIDEN NAME OF MOTHER DAVAGE  14. MAIDEN NAME OF MOTHER DAVAGE  15. MAIDEN NAME OF MOTHER DAVAGE  16. MAIDEN NAME OF MOTHER DAVAGE  17. MAIDEN NAME OF MOTHER DAVAGE  18. MAIDEN NAME OF MOTHER DAVAGE  19. MAI	What test confirmed magnings?  (Signed)
	12. MAIDEN NAME OF MOTHER Daisy Cran	ur May 4, 1927 (Address) Spendfountille,
WR tem USE	18. BIRTHPLACE OF MOTHER (fly or jown) Het Sp. (State or Country)	State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
.—Every i d state 'CA I is very i	14. Informant (Address)	19 Place of Burial, Cremation or Removal Date of Burial
N. B.— should a TION is	15. Filed May 4/1927 Viola alle	istrar Landpornt, alla.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

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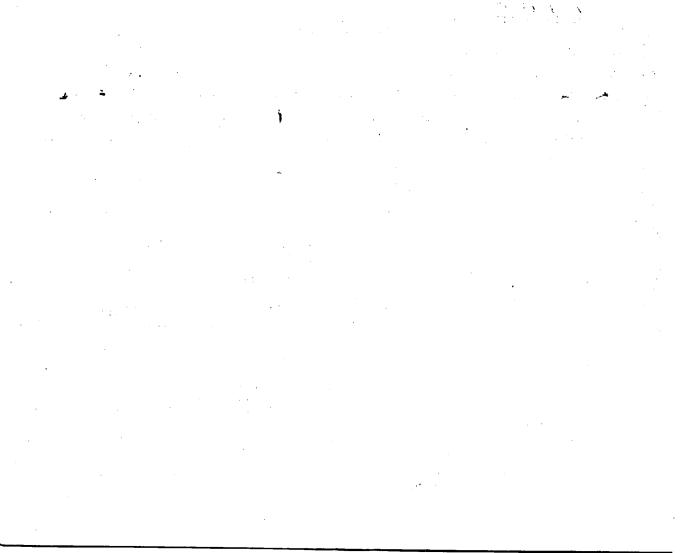
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midwife.



FORM V. S. No. 5-25 M. 1-19. STATE OF IDAHO PERMANENT RECORD be stated EXACTLY, PHYSICIANS should led. Exact statement of OCCUPATION is ERTIFICATE OF DEATH DEPARTMENT OF PUBLIC WELFARE PLACE OF PEARITY ELD MAY 1 4 BUREAU OF VITAL STATISTICS State File No. 57496 _/_ Primary Registration District No. 2 City of Z Local Registrar's No..... If death occurs away from If death occurred in a hosusual residence, give facts pital, institution or camp. called for under special ingive its NAME instead of formation. street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR BACE 5. SINGLE, MARRIED, WID-R SEX OWED OR DIVORCED 16. DATE OF DEATH (Write the word) I HEREBY CERTIFY. That I attended deceased from 17. (Month) (Day) (Year) 7. AGE Still buth IF LESS than 1 day how many and that death occurred on the date stated above. at. hrs. The CAUSE OF DEATH* was as follows: Yrs Mos ds min.? ls, occupation (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer)..... (Secondary) 9. BIRTHPLACE (State or Country) 10. NAME OF Father (Address) 11. BIRTHPLACE *State the Disease Causing Death or in deaths from Violent OF FATHER Causes, state (1) Means of Injury: and (2) whether Accidental, (State or Country) Suicidal or Homicidal. Ruth m? 12. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, OF MOTHER Transients or Recent Residents.) 18. BIRTHPLACE In the At place OF MOTHER of death yrs mos /2 days State yrs mos ds. (State or Country) Where was disease contracted if not at place of death?. 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence ..... OR REMOVAL 15. 20. UNDERTAKER ADDRESS Local Registra

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RECEIVED MAY 1 4 194 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE RETURN must be made for irth stated. County of Bonneville BUREAU OF VITAL STATISTICS City of Idaho Falls. Idaho. CERTIFICATE OF BIRTH * State File No. 1516.85 228-Hill St. Registration District No..... L. D. S. Primary Registration District No. Hospital .... FULL NAME OF CHILD Stillbirth (Certificate of no value without full name of child) birth Date of. Twin Number Legiti¥e S Sex of. birth April Triplet -in order Child Male or other? of birth mates (Year) SEPARATE (Month) (Day) (To be answered only in event of plural births) of What bactericidal solution was used in eyes? order Number of child of this mother, including present birth 1 MOTHER 8 E **FATHER** FULL FULL Morris W. MAIDEN Tavenner NAME Leah Colson birth each, RESIDENCE RESIDENCE Idaho Falls. Idaho.228-Hill Idaho Falls. 228 Hill a a AGE AT LAST COLOR AGE AT LAST 34 child , COLOR number BIRTHDAY. white white (Years) (Years) BIRTHPLACE BIRTHPLACE one Ohio Tdaho OCCUPATION the c Pipe fitter Houwewi**z**e 4-CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. more ã I hereby certify that I attended the birth of this child, who was I Stillborn on the date above stated. case of *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor (Signature) (Physician or midwife) shows other evidence of life after birth. Give names added from a supplemental report. Address dano Falls, Idano. Registrar. Registrar.

RECORD

PLAINLY

WRITE

County of Populat Primary the ristration Diety let Note Low Countries Beginners Stilltish WELL VAME OF CHIED than there of no colde without feel came of child) LegitiYes dirigito - to later "andla ru To be answered only in every of storal birtrat What last ricidal cointies was used in eyes! Number of child of this muther now living invinding present birther. "Analise of chief it this method, including present him is a MOTHER FATHER MAIDEN HAME LOAD COLDON TAMMOVER IN SITTON RESIDENCE RESIDENCE Ideno Holls, Ideno. 228-Hills | Ideno Hells, 228 Hill ACE AT LAST AGE AT LAST ROJOS BIRTHDA BIRTHPLACE restilt salemontage SET WORLES! CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. I hereby certify that I attended the birth of the child, who was I Stillborn on the date show shrkeds when there was on attending physician ! Engturek or rid wife, then the father, householder, etc. should make this return A stillborn child is one that neither breather nor nvertelan or midwife). shows effer evidence of life after birth. Give mines added from a supplemental report. Address LARZO FALLA TORNA Registra

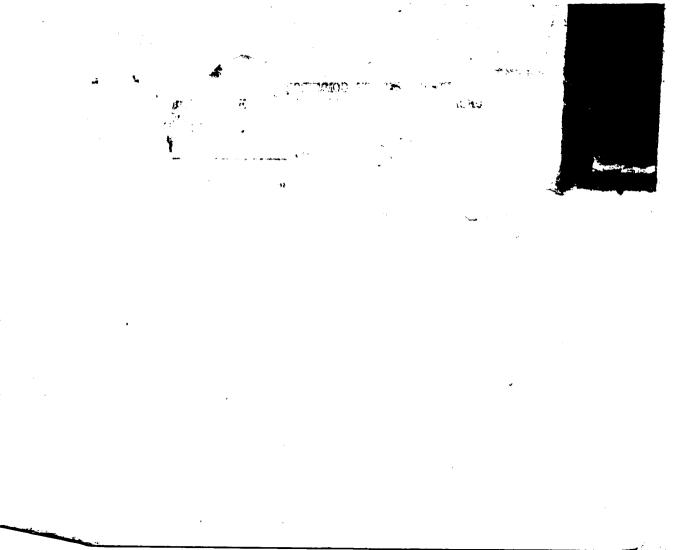
FORM V. S. No. 5-25 M. 1-19. STATE OF IDAHO BINDING
IS A PERMANENT RECORD
should be stated EXACTLY, PHYSICIANS should
also filled. Exact statement of OCCUPATION is CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC WELFARE PLACE OF DEATH MAY 1 4 1927 BUREAU OF VITAL STATISTICS Registration District No...... State File No. 57494. County of ... OPrimary Registration District NA Local Registrar's No..... If death occurred in a hos-If death occurs away from pital, institution or camp, usual residence, give facts give its NAME instead of called for under special instreet and number. formation. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR BACE 5. SINGLE, MARRIED, WID-OWED OR DIVORCED 16. DATE OF DEATH mal. (Write the word) 6. DATE OF BIRTH I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) 7. AGE IF LESS than 1 day how many and that death occurred on the date stated above, at .....hrs. The CAUSE OF: DEATH* was as follows: _____Yrs,____Mos.____ds.____ 8. OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer)..... (Secondary) 9. BIRTHPLACE (State or Country) 10. NAME OF Father 11. BIRTHPLACE DEATH in plain te See instructions on *State the Disease Causing Death; or in deaths from Violent OF FATHER Causes, state (1) Means of Injury; and (2) whether Accidental, (State or Country) Suicidal or Homicidal. 12. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, OF MOTHER Transients or Recent Residents.) 13. BIRTHPLACE At place In the days. State.....yrs....mos.....ds. OF MOTHER of death.....yrs....me (State or Country) Where was disease contracted if not at place of death?..... 14. THE ABOVE IS TRUE Former or (Informant) usual residence ..... 19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) Rose Hill.Idaho Falls Aprillo 19 27 ADDRESS 20. UNDERTAKER J.W.Wood Idaho Falls

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TE OF IDAHO EPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS OF BIRTH State File No..... Registration District No...... value without full name of child) (Certificate of no Number Date of Legitiin order Triplet hirth..... or other? matel (Dav) (Year) (Month) (To be answered only in event of plural births) SEPARATE What bactericidal solution was used in eyes! Number of child of this mother now living, including present birth Number of child of this mother, including present birth_ MOTHER FULL FATHER MAIDEN RESIDENCE COLOR COLOR one child numper (Years) BIRTHPLACE OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR WRITE PLAINLY ·Born : I hereby certify that I attended the birth of this child, who was \ Still on the date above stated. *When there was no attending physician (Signature) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor (Physician or midwife shows other evidence of life after birth. Give names added from a supplemental report. Address .... Registrar.



		STATE OF ID	C WELFARE DO NOT WRITE IN THIS SPACE			
χα <u>, ι</u>		DECEIVED MAY 1 4 1927 BUREAU OF VITAL ST	TATISTICS			
A S			DEATH State File No. 57489			
ECORD EXACTLY, PHYSICIANS Exact statement of OC-	Cou	nty of Bonnevill Registration District No	7.3 Local Registrar's No. 34			
at S		Primary Registration Distric	et NoLocal Registrar's No			
HA a	City		give its name instead instead of street and number.)			
		(It death occurred in a hoppital or institution,	give its name instead instead of street and number.)			
ECORD EXACTLY, Exact stat	2. 1	FULL NAME CLASSICAL CO. C.				
RECORD d EXACT Exact	0	a) Residence. No. 990 - 7 May 14.	St.			
	•	(Usual place of abode) The of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.			
A1 =		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
PERMANENT thould be state erly classified.			16 DATE OF DEATH			
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		nace when ingu.	(Month) (Day) (Year)			
PERM should perly c	5 <b>a</b>	If married, widowed, or divorced				
_ " <del>   </del>		HUSBAND of (or) WIFE of	17 CHEREBY CERTIFY, The lattended deceased from			
IS AAGE or projecte.			Stell Brus. 10			
		DATE OF BIRTH (month, day and year)	and that death occurred, on the date stated above, at 22 m.			
	7 A	Months Days If LESS than 1 day	(- 5-11			
High S		0 0 or _6min.	THE CAUSE OF DEATH! Was as 100 WS:			
NK—THI supplied. t it may	1	OCCUPATION OF DECEASED				
H P 8 9	İ	(a) Trade, profession, or particular kind of work				
ADING carefull s, so the ns on b		(b) General nature of industry.	(agration) yrs mos ds.			
DIN arefu		business, or establishment in which employed (or employer)	CONTRIBUTORY James			
FA CR		(c) Name of employer	(Secondary)			
VITH UNFADING should be careful plain terms, so the instructions on I		Make Hally	(duration) yrs mos ds.			
	9 '	State or country)	18 Where was disease contracted If not at place of death?			
WITH should n plain		10 NAME OF FATHER	Did an operation precede death? 200 Date of			
		TO NAME OF FATHER CAMUS Stagne	Was there an autopsy? 700			
	စ	11 BIRTHPLACE OF FATHER (chtr or town)	What test confirmed diagnosis			
E E E	Z	(State or country)	(9igned) M.P.			
E PLAINLY of informati OF DEATH important.	PARENT	12 MAIDEN NAME OF MOTHERS	april 1 192 (Address)			
🗷 🗑	1	Carva May Each	*State the DISEASE CAUSING DEATH, or in deaths from VIO-			
		18 BIRTHPLACE OF MOTHER (city or town)	LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,			
WRI item AUSI very	`	(State or country)	(and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
, ^K D ⁸	14		19 Place of Burial, Cremation, or Removal Date of Burial			
		Informant 1997	Mako Falls Ids Christ 1027			
		(Address) 370-7 Shalls	20. Undertales			
A B B	15	Dr 1022 Williams	They Mittow. Blake tall			
N. B.—Eve should stat CUPATION		Registrar	That			

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a mid-wife.

	PLACE OF BIRTH	STATE OF IDAHO			
for	County of Boundary RECEIVED MAY PE	PARTMENT OF PUBLIC WELFARE			
	City of Borners Jefre	CERTIFICATE OF BIRTH 151706			
st Be	No.253-111-011-431 St. Registration District	/			
원보경		District No. Local Registrar's No.			
اضع		no value without full name of child)			
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WITH than d the	OCCUPATION U.S Border Patrol	OCCUPATION Storisemfe			
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
t Ho	I hereby certify that I attended the birth of this chilen the date above stated.				
E 2	*When there was no attending physician or midwife, then the father, householder, (Signa	ture)			
RITE In ca	etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Thysitian			
₩Ţ.	Give names added from a supplemental report.	(Physician or midwife)			
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LEWIN THE SAME Registration District No. Primary Registration Dictrict No. 1. Local Refiles THE TAX A STATE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF Complexed of no value without full or the or childs Dake of ntrid Arridan malel To be answered only in event of alural hirthal What langericities was used in ever! Like the comme Emplor of this destination in the process bresh 2 2 . Namber of child of this mather can inches includes process bottle MOTHER 4.1419 存入でHER MAIDEM BALL RESIDENCE REGITIENCE HOUGH BIRTHPLACE CHEMICATE OF ATTENDING PHYSICIAN OR MIDWIE Sura must I bereby syriffy that I attended the birth of this child, who was I fillboom a at ...... "When there was no attending physician (Signature) de bolowite, then the father, honesholder. est should nest the rates a stilloun child is one that nother brother other other exidence of the after bleth. (Physician or midwitt) the names added from a supplemental report.

PORM V.S. No. 5-0 - FAVED MAY 1 2 PERTIFICATE OF DEATH TATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE T RECORD XACTLY, PHYSICIANS shoul statement of OCCUPATION BUREAU OF VITAL STATISTICS Registration District No. County of Journal Primary Registration District No.2/3 Local Registrar's No..... If death occurred in a hos-If death occurs away from pital, institution or camp. usual residence, give facts give its NAME instead of called for under special instreet and number. formation. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR BACE & SINGLE, MARRIED, WID-OWED OR DIVORCED 16. DATE OF BEATH (Write the word) (Month) (Day) L DATE OF RIRTE I HEREBY CERTIFY, That I attended deceased from 17. (Dav) (Year) that I last saw h alive on 19 7. AGE IF LESS than 1 day how many ...hra. or The CAUSE OF DEATH* was as fellows: 8. OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of in-(Duration) yrs. mos. dustry, business or establishment in which employed (or employer) Contributory ..... (Secondary) 9. BIRTHPLACE .....(Duration) .....yrs. (State or Country) Father (Address) Donnes X Tital, 11. BIRTHPLACE *State the Disease Causing Death; or in deaths from Violent OF FATHER Causes, state (1) Means of Injury; and (2) whether Accidental, (State or Country) Suicidal or Homicidal. 12. MATDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, OF MOTHER Transients or Recent Residents.) 18. BIRTHPLACE At place In the of death yrs. mos. days. State yrs. mos. days. OF MOTHER (State or Country) Where was disease contracted if not at place of death?.... 14. THE ABOVE IS PRUE TO THE BEST OF MY KNOWLEDGE Former or (Informant) .... usual residence Every CAUSE traportan DATE OF 19. PLACE OF BURIAL OR REMOVAL 15. 20. UNDERTAKER ADDRESS. Local Regist

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RECORD Se made for	PLACE OF BIRTH  County of Augus  City of Galduell, Yda  City of Carter of Department of Public Welfare  BUREAU OF VITAL STATISTICS  CERTIFICATE OF BIRTH
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ING INK- at birth a of each, in	FULL Pordon T. Harlock MAIDEN Whife Polackon.  Residence (Usual place of abode) Behwart afts 11th S Residence (Usual place of abode) Behwart afts 11th
I UNFAD	If nonresident, give place and State  Color or race  While Age at last Birthday 27  Color or race  While Age at last Birthday 20  (Years)  Birthplace  (City and State or Country)  (City and State or Country)
INLY WITH of more than each and the	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  I hereby certify that I attended the birth of this child, who was Still both   at
WRITE PLA N. B.—In case	*Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  *Address Calburll Address Filed 5-25-19.27 John S. Meyer.  *Registrar.

LARTHEN' DE TUBBE WELF SUPERIOR OF WILL STATISTICS CERTIFICATE OF BIRTH Print, Registration District No. 150 T. Loud Registration TELLS XAME OF CHILD ... ME (If willborn, substitute the viget "Milleti" an are of childs Legiti ... Date of What excelled was used to prevent () while limit Negustorum? State of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state Born aller gut now dead . . and the street frame of the state of the sta The stones, County place of about manig if notionality it is placed and State. A may more 2 11 went dert, were place and State, .... The state of the state of the Elithplace . tons and diste or Country ( )cruj n (ina. CERTINGATE OF ATTENDING PHYSICIAN OF MIN I beechy, could's that I attended the birth of this child, who was I Si on the date appre stated, (Signature) there there was no attenting the sicion (Physician or mule for or alldwide then the father, householder, eta intould right this reform. A stillborn the test neither breather war thew orner evidence of life after bitter

STATE OF IDAHO PLACE OF DEATH

13 3 2 PEPARTMENT OF PUBLIC WELFARE
BUREAU OF VITAL STATISTICS DO NOT WRITE IN THIS SPACE 57542 State File No.... County of Canuan CERTIFICATE OF DEATH Registration District No..... Local Registrar's No. 55 Primary Registration District No. 1005 PERMANENT RECORD (No. ______)
(If death occurred in a hospital or institution, give its name instead of street and number.) (a) Residence. No. U.St. (Usual place of abode) (If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. YIE. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 8. SEX 5. Single, Married, Widowed, or Divorced (write the word) 16. DATE OF DEATH COLOR OR RACE should male 5a. If married, widowed, or divorced HUSBAND of AGE 17. I HEREBY CERTIFY. That I attended deceased from (or) WIFE of May 6. DATE OF BIRTH (month, day and year) 7. AGE If LESS than 1 day. Years Months Days and that death occurred, on the date stated above, at hrs. or The CAUSE OF DEATH* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in .(duration) ____yfs. __ which employed (or employer) CONTRIBUTORY ..... (c) Name of employer (Secondary) (duration) ____yrs. ___mos. ___ 9. BIRTHPLACE (city or town) 18. Where was disease contracted (State or country) if not at place of death? 10. NAME OF FATHER Did an operation precede death?______ Date of_____ Was there an autopsy? ... What test confirmed diagnosis? 11. BIRTHPLACE OF FATHER (city or town) (State or Country) e. OF 12. MAIDEN NAME OF MOTHER item o *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE_OF MOTHER (city (State or Country) 19. Place of Burial, Cremation, or Removal 2 Date of Burial 14. Informant (Address) 20. Undertaker

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS State File No..... CERTIFICATE OF DEATH County of Canus on Registration District No..... Local Registrar's No. Primary Registration District No. 2005 (No. (a) Residence. No..... (If nonresident give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. yrs. YIS. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH 8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word) 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of S THIS 6. DATE OF BIRTH (month, day and year) 7. AGE Months If LESS than 1 day, and that death occurred, on the date stated above. at 2:50 C. Years Days ..hrs. or 8. OCCUPATION OF DEGRASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer) (duration) ..... CONTRIBUTORY (c) Name of employer 9. BIRTHPLACE (city or town) 18. Where was disease contracted if not at place of death? (State or country) 10. NAME OF FATHER Did an operation precede death?_____ Date of__ OF DEATH Was there an autopsy? .. What test confirmed diagnosis? 11. RIRTHPLACE OF FATHER (city or town) (State or Country) 12. MAIDEN NAME OF MOTHER AUSE *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BURTHPLACE OF MOTHER (State or Country) 19. Place of Burial, Cremation, or Removal Date of Burial Informant (Address) 20. Undertaker Address

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia." unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

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•.	RECEIVED MAY 1 4 1927 DEF	STATE OF IDAHO PARTMENT OF PUBLIC WELFARE			
e for	n	SUREAU OF VITAL STATISTICS			
RECORD be made	City of Bully	ERTIFICATE OF BIRTH			
E De	No. 1. 109 O. 15 4 St. Registration District				
ENT Bus	Hospital Primary Registration	District No. 2/9 6Local Registrar's No. 36//			
MEAN JEN State	FULL NAME OF CHILD Still OSA	no value without full name of child)			
A PERMANENT RECORD E RETURN must be made for birth stated.	Sex of Twin Triplet and Number in order or other?  (To be answered only in event of plural birther)	Legiti- Date of 192 7			
SEPARATE SEPARATE OF R	What bactericidal solution was used in eyes?	20 th any			
SEPAR.		per of child of this mother now living, including present birth			
<u></u>	FATHER HAME	FULL MOTHER MAIDEN NAME ARONE, Underson			
<b>⊕</b>	RESIDENCE Burley	RESIDENCE Burley			
FADIN bild at	color AGE AT LAST 27 BIRTHDAY (Years)	color  while  GE AT LAST BIRTHDAY  (Years)			
H UNFAD one child number	BIRTHPLACE Harm Creek Janks	BIRTHPLACE Sandeville 4 tak			
WITH than o	OCCUPATION Laborer	OCCUPATION Haughniff			
· - · -	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
PLAINLY 16 of more each a	I hereby certify that I attended the birth of this child on the date above stated.	i, who was the M.			
	*When there was no attending physician or midwife, then the father, householder,	ture) W. a. Mala			
WRITE —In ca	child is one that neither breathes nor shows other evidence of life after birth.  Give names added from a supplemental report.	(Physician or midwife)			
× B	, 192 Addres	- 1 - 1 (10 ) (P) H-			
<b>F</b> 4	Registrar.	5-/-27 192 Registrar.			

CULTURE CATE OF ERED Registration with rior No.... Principle Resident State of No. of C. P. Constitute Certificate to be velue with Patition Lartif. 7 Saleman er 1 1011 14 10.758 dirid Yellant Child What has training the way and in the control of the HOTHER MAIDEM SOUTOBER #2811.ENC# ROLOS BIRTHOA SIRTHERECE OCCUPATION CERTIFICATE OF ATTEMBLING PHYSICIAN OR MIDWIFE I hereby quetly that Lathended the birth of this shild, who was for Sabets wode that sall no The there was to attending physician of new to then the father householder, the state in the father breather are the control of the father breather and (Physician or midwim) ther widewife of the atten little. Bys names added trains assessmental report. 代職を行われ

ECORD EXACTLY, PHYSICIALS of OCCUHA-	PLAGE OF DEATH  County of Carry  City of Primary Registration District  (If death occurred in a hospital or institution, give its a county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of the county of	State File No. 57572  Local Registrar's No. 904		
MARGIN RESERVED FOR BINDING, WITH UNFADING INK—THIS IS A PERMANENT Reshould be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exerction on back of certificate.	(Usual place of abode)	St.  (If nonresident give city or town and State)  MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH  (Month)  (Day)  1927  Month)  (Year)  17. I HEREBY CERTIFY, That I attended deceased from  1927, to  1927  that I last saw h is like on a first grade of the date stated above, at m.  The CAUSE OF DEATH* was as follows:  (duration)  (duration)  (secondary)  (duration)  (duration)  yrs.  mos.  ds.  18. Where was disease contracted if not at place of death?  Did an operation precede death?  Date of		
WRITE PLAINLY, N. B.—Every item of information should state CAUSE OF DEATH in IION is very important. See instru	11. BIRTHPLACE OF FATHER (city or town) Warm Cruch Identification (State or Country)  12. MAIDEN NAME OF MOTHER (city or town) Sandwirdle William (State or Country)  14. Informant S. H. H. Gray (Address) Bully 20lor.  15. Filed 4./0. L. J. 19. P. J. C. Gatterana Registrar	Was there an autopsy?  What test confirmed diagnosis?  (Signed)		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer." etc., without more precise specifications, as Day laborer, Farm laborer, Laborer—Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to de-Examples: Accidental drowning; termine definitely. struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

midwife.

PLACE OF BIRTH STATE OF IDAHO PARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of CERTIFICATE OF BIRTH .....State File No RETURN must Primary Registration District No. 2/9 6 Local Registrar's No. 36/3 Hospital ..... FULL NAME OF CHILD..... (Certificate of no value without full name of child) Twin Number Date of Legiti-Sex of in order Triplet birth... Child or other? of birth mate? (Month) (To be answered only in event of plural births) SEPAI amber of child of this mother now living, including present birth. Number of child of this mother, including present birth **FATHER** MOTHER FULL NAME birth RESIDENC COLOR AT LAST AGE AT LAST BIRTHDAY number CERTIFICATE OF ATTENDING PHYSICIAN OR MIDW g PLAINLY each I hereby certify that I attended the birth of this child, who was I Stillborn on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Give names added from a supplemental report. Registrar.

Primary Registration District We. (Gerifficate of no value without full near of in atest Leasttle In arder drti drid to 19Jam (To be saswered only in event of plural buths) What imprecipied selection was used in eyes? . Laket be of spilt of this majber now living including process nich. Number of child of this mother, including present birth AGE AT LASS I hereby certify that I aftended the birth of this child, who was | Stillhorn | aton the falls above stated. *When there was no attending physician or industry their the father householder, etc., should nake this return A stillhorn culls is one that neither breathes sor shows other evidence of life after birth. Physician or mid Glyo agues added from a supplemental report.

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- TO -5	RECEIVED MAY 1 4 1927 DEPARTMENT OF PUBL BUREAU OF VITAL S	IC WELFARE DO NOT WRITE IN THIS SPACE
T O	- CERTIFICATE OF	
SIC)	County of Cassa Registration District No.	
HA Ben H	City of Burley Primary Registration Distri	ict No. 2/96 Local Registrar's No. 900
t, E	(No	, give its name instead instead of street and number.)
e H	2. FULL NAME Baby Bankhead	
ECORD EXACTLY, PHYS Exact statement	(a) Residence. No.	St.
	(Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
PERMANENT RECORD hould be stated EXACTLY, PHYSICI erly classified. Exact statement of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Diverced (write the word)	16 DATE OF DEATH
PERMAN should be perly class	J. W Single.	(Mar) 13 192)
PER shoul perly	5a if married, widowed, or divorced	(Month) (Day) (Year)
25 00 P4	HUSBAND of Carry WIFE of	17 I HEREBY CERTIFY, That I attended deceased from
AG. p p Cat	6 DATE OF BIRTH (month, day and year) Chris 13/1927	april 1308 1927, to april 39 1987.
S	7 AGE (Years // Months) : Days   If LESS than	and that death occurred, on the date stated above, atm.
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INK—TH y supplied at it may ack of cer	8 OCCUPATION OF DECEASED	Stillbarn
ac at	(a) Trade, profession, or particular kind of work	
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AD car s, s	which employed (or employer)	(duration) yrs. mos. ds.
UNFAI   be caterms, terms, octions	(c) Name of employer	(Secondary)
으 ㅋ 티	9 BIRTHPLACE (city or town) Surum da	18 Where was disease contracted If not at place of death?
اله تت ه	10 NAME OF FATHER TO A A TO GO WILL	Did an operation precede death? Date of
K, H, ion S. H	2 11 BIRTHPLACE OF FATHER (city or town)	Was there an autopsy?
AINLY ormati EATH ant.	(State or country) anadice	(Signed) M.AD.
F Diff	12 MAIDEN NAME OF MOTHER	CAND-134927 (Address) Buly Delay
E C C E	13 BIRTHPLACE OF NOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIO-
WRITE y item of CAUSE 0	(State or country) Paradice Wah.	LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
e C	14 Informant On Bankhead	19 Place of Burial, Cremation, or Removal Date of Burial
Ever d state TION i	(Address) Burley Ida,	Tenley I da april 13 1027
f. B hould UPA?	15 Filed 4-14-27, 19 Arf. C. Patterson Registrar	20. Undertaker Addréss
<b>⊠</b> 20 €		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s

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DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

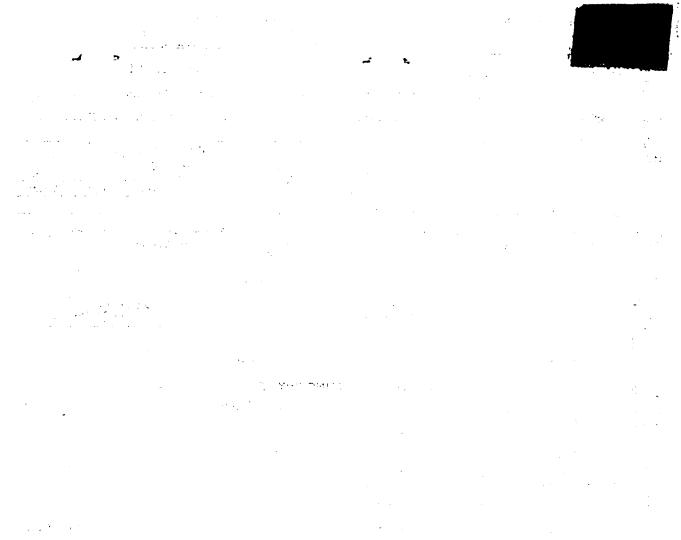
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a mid wife.

	LACE OF BIRTH STATE OF IDAHO				
	CRECEIVED MAY 141	327 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS			
2	City of Challing:	CERTIFICATE OF BIRTH			
r RECO	, , ,	District No. State File No. 5.18.31			
NENT N must ted.	1 /1 /2	stration District No. 186 Local Registrar's No. 195			
STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE	FULL NAME OF CHILD (Certifi	cate of no value without full name of child)			
A PERMANENT E RETURN must birth stated.	Sex of Child hale Twin Triplet and Number or other? To be snewered only in event of p	mater les birth Charl 192			
SEPARATE IS A order of b	What bactericidal solution was used in eyes?	0			
FRIS FPAR order	Number of child of this mother, including present birth	Number of child of this mother now living, including present birth.			
ا 🖛 😦 ل	FULL FATHER NAMES Harold N. Hovey	MAIDEN MOTHER Rockelle			
at birth of each,	RESIDENCE Adahof	RESIDENCE Shallio Saha			
	COLOR White AGE AT LAST BIRTHDAY S	COLOR While AGEAT LAST 3 / BIRTHDAY 3 / (Years)			
H UNFAI one child number	BIRTHPLACE ]/ derson new yo	& BIRTHPLACES mithfield utal			
Eat	OCCUPATION Dank Cashier	OCCUPATION Homewife			
. =	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE				
N B S	I hereby certify that I attended the birth of ton the date above stated.				
Z 2	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	(Signature) (Signature)			
WRITE B.—In ca	child is one that neither breathes nor   shows other evidence of life after birth.   Give names added from a supplemental report.	(Physician or midwife)			
K.	, 192	Address Address Address Address			
	Registrar.	Filed fur So 192 I Registrar.			
-	11				



FORM V. S. No. 5-25. STATE OF IDAHO BINDING
IS A PERMANENT RECORD
should be stated EXACTLY, PHYSICIANS should
classified. Exact statement of OCCUPATION is MAY 1 ACRESTIFICATE OF DEATH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS Registration District No..... County of .... State File No. 57587 Primary Registration District No. 2/8 City of..... Local Registrar's No .... If death occurs away from If death occurred in a hosusual residence, give facts pital, institution or camp. called for under special ingive its NAME instead of formation. street and number. CERTAFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR BACE 5. SINGLE, MARRIED, WID-OWED OR DIVORCED 16. DATE OF DEATH (Write the word) 8. DATE OF BIRTH I HEREBY CERTIFY. That I attended deceased from 17. (Year) 7. AGE IF LESS than 1 day how many and that death occurred on the date stated above, at ED FOR I K—THIS led. AGE properly ____O__hrs. The CAUSE OF DEATH* was as follows: C Yrs O Mos O ds 8. OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer) (Secondary) .(Duration) .....yrs 10. NAME OF terms, Father 11. BIRTHPLÁCE *State the Disease Causing Death; or in deaths from Violent OF FATHER Causes, state (1) Means of Injury; and (2) whether Accidental, (State or Country) Suicidal or Homicidal, 12. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Ξ Transients or Recent Residents.) OF DEATH 13. BIRTHPLACE In the At place OF MOTHER of death.....yrs.....mos.....days. State.....yrs.....mos......ds. (State or Country) Where was disease contracted if not at place of death? 14. THE ABOVE IS Every ite CAUSE OF important. Former or (Informant) usual residence DATE OF BURIAL 115. ADDRESS 20. UNDERTAKER

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TRITE

Registration District No. 2 7 Constitute of us valid without full same of childs In abitt to roll hirth MidD (Nionth) "o be answered only in event of plural birtish lance of book max notrules land Number of shild of this mother now living, including present fail Sumber of shills of this mother, include MOTHER MAIDEN RESIDENCE RESIDENC die mont I hereby certify that I uttended the hirth of this could, who was I additional suppose there was no attendent physician or midwife then the fasher householder, see gloudd nath this return A stillbern (Signature) cald is one that mether brackles nor shows after evidence of the terms which diwites to entained? Address.

		RECEIVED JUL 9 1927 STATE	<b>∩</b> ₽ 11	DAHO		
22 -F		DEPARTMENT OF	PUBL	IC WELFARE	DO NOT WRITE	IN THIS SPACE
ANS OC-	١,٠,	PLACE OF DEATH BUREAU OF VI			OLAL WILL BY	57970
of ICI	Co	unty of Fasiple 21 Registration District			State File No	
PHYSICIANS ment of OC-		y of Willord Primary Registration			Local Registrar's	No.
	Oži	(No				
ILY, PHYS statement		(If death occurred in a hospital or inst	itution	, give its name instead in	stead of street and n	umber.)
ECORD EXACTLY, Exact state	<b>Z</b> .	FULL NAME Premature Infant				
RECORD EXACT Exact		(a) Residence. No		St.		****************
<b>65</b> 11	Ler		mos.	ds. How long in U. S.,	if of foreign birth?	or town and State) yrs. mos. ds.
MANENT 1 l be stated classified.		PERSONAL AND STATISTICAL PARTICULARS		MEDICAL	CERTIFICATE OF I	DEATH 15
LANT be g	3	SEX 4 COLOR OR RACE 5 Single, Married, Wido or Divorced (write the wo	wed,	16 DATE OF DEATH	10	
- O		you write I swant		Month	(Day)	1924.7
PERM should perly c	5a	If married, widowed, or divorced		(month)	(Day)	(Year)/
. x tr		HUSBAND of (or) WIFE of			CERTIFY, That I a	ttended deceased from
## - 8II	_			may 13 -	dia man	19.27
ος A 45	6 DATE OF BIRTH (month, day and year) way 13, 1/27. 7 AGE Years   Months   Days   If LESS than		and that death occurred	K1170 011	192/	
nay cer		Prematice 1 day, min	hrs.	The CAUSE OF DEATH		bove, at
NK—THI supplied. it may k of cert	8	OCCUPATION OF DECEASED		Prematu	1 was as followed -	Construction
HIY SILIA BE DECK		(a) Trade, profession, or particular kind of work.		of cord.		~···
			•••••	<u> </u>		····
ADIN carefi s, so		(b) General nature of Industry, business, or establishment in which employed (or employer)			(duration) yrs.	mos ds.
UNFA be ce terms,		(c) Name of employer		CONTRIBUTORY(Secondary)		
	_	BIRTHPLACE (city or town) Wilford 9 du	4.0		duration)yrs.	mos ds.
VITH UNE should be coplain terms instruction		(State or country)	200.	18 Where was disease co	entracted L	
<b>E</b> 28 E		10 NAME OF FATHER		Did an operation precede	1.0	of
Y, V ion I in See	ļ	melin Broke		Was there an autopsy?		***************************************
PLAINLY informati ? DEATH oortant.	S L	11 BIRTHPLACE OF FATHER (city or town) (State or country)		What test confirmed dia	1 - 1	its cond
for	RENT	Wilford, Ida.		(Signed)		M. O.
	₹	12 MAIDEN NAME OF MOTHER PORT HE STATE	4.	May 13, 192	(Address)	Carpon , da
E of in	ľ	18 BIRTHPLACE OF MOTHER (city or town)		*State the DISEASE		
WRIT		(State or country) willord Jaa.		LENT CAUSES, state and (2) whether ACCIDI		
	14	Informant Rosa B. Birch				
7 U		(Address) (Al; II a D O a L a		19 Place of Burlai, Crem	iation, or Removal	May 19 hys 2
N. B.—Evenhould stat		Thursday, gado.		20. Undertaker		Address .
I. B. hould	15	Filed 7/2 19 27 WW Hausen		SI .	a	Audiess .
F. d. B.		Registrar		non		

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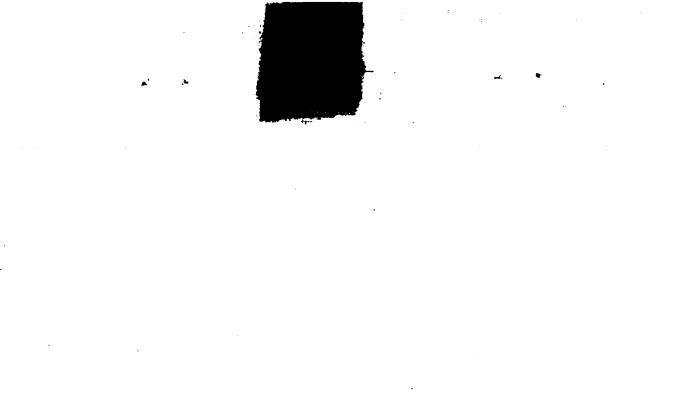
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Do not accept a certificate of death signed only by a midwife.



DEATH rtificate.	FORM V. S. No. 5-A-25 M. 1-19.  RECEIVED JUN 4 1927 CERTIFICATE OF DEATH  1. PLACE OF DEATH  Registration District No			State of Idaho BOARD OF HEAL/TH Bureau of Vital Statistics
OF 1	County of		trict No	File No57624
SE	City of	(No,	<b>▼</b>	Registered No.
RECORD SIANS should state CAUSE . See instructions on back o	If death occurs away from usual residence, give facts called for under special in- formation. 2, FULL No.	Boky x	Show	If death occurred in a hospital, institution or camp, give its NAME instead of street and number.
	PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIF	TICATE OF DEATH. 140 28
	3. SEX 4. COLOR OR RACE 5. S	OWED OR DIVORCED  (Write the word.)	16. DATE OF DEATH	9.6
IENT HYSI ortani	6. DATE OF BIRTH	97	(Mor	nth) (Day) (Year)
RMAN 'LY, P	(Month)	(Day) (Year)	11 _	That I attended deceased from
DING A PERM EXACTLY N is very	7. AGE Stellhow	IF LESS than 1 day	that I last saw h alive of	n Stellbarr 19
IS A EX.	YrsMosds		[]	e date stated above, atM.
THIS be stated	8. OCCUPATION		The CAUSE OF DEATH* was	as follows:
"   ಕರ	(a) Trade, profession or particular kind of work	······································		Eclambia
ERVED G INK -	(b) General nature of in- dustry, business or estab- lishment in which employ-		aperative deli	
RES OIN	9. BIRTHPLACE	Paho.	•	Yrs. mos. ds.
HARGIN I H UNFAI supplied.	(State or Country)		Contributory(Secondary)	
Example 1	10. NAME OF FATHER FATHER	1. Shaw	(Duration)	yrs mos ds.
Be .	11. BIRTHPLACE OF FATHER	h.	(Signed)	Gooding State
PLAI uld b	(State or Country)  12. MAIDEN NAME OF MOTHER	E Finding	<u> </u>	or in deaths from Violent Causes, state er Accidental, Suicidal or Homicidal.
WRITE ation sho	13. BIRTHPLACE OF MOTHER	o or jacouse	Transients or Recent Re	In the
W informati t it may	(State or Country)		of deathyrsmosds	ys. Stateyrsmosdays
B.—Every item of plain terms, so that	14. THE ABOVE IS TRUE TO THE B	EST OF MY KNOWLEDGE	li .	······································
	(Informant)	a Idaha.	Former or usual residence	DARTION DAY
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	PLACE OF BIRTH	STATE OF IDAHO	$\boldsymbol{\alpha}$			
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8.	County of	BUREAU OF VIIAL STATE	51105			
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27	City of	CERTIFICATE OF BI	RTH			
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E #			1~1			
	Hospital Primary Registration	District NoLocal	Registrar's No.			
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20 ⁽²⁾ 13	What bactericidal solution was used in eyes?	<u> </u>				
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	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
of more each an	( Downstry!)					
	I hereby certify that I attended the birth of this chil	d, who was Still or at	<i>9</i> (/ M.			
AINI of mo	on the date above stated.	0 100	/			
PLA se of ea	*When there was no attending physician	(/XIT)	00			
F &	or midwife, then the father, householder, (Signs	iture) Y V COV	wee			
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	etc., should make this return. A stillborn child is one that neither breathes nor					
'RITE -In ca:	shows other evidence of life after birth.	(Physicia	n or znidwife)			
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E3	PORM W. S. No. S-25 M. 1-19. PILANDE OF DESPECE IVEL		TE OF DEATH	State of Idaho BOARD OF HEALTH
5	County of Froding	Begistration District No Primary Registration Dist		Bureau of Vital Statistics
SE A	Chey of	(No,	St.) 1	Registered No. 5
te CAU	If death occurs away from usual residence, give facts called for under special information. 2. FULL NA	ME Gregori	a Eusinsa	If death occurred in a hospital, institution or camp, give its NAME instead of street and number.
ald sta	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICA	
NENT RECORD PHYSICIANS sho aportant. See insti	3. SEX 4. COLOR OR RACE 5. SI O O O O O O O O O O O O O O O O O O	NGLE, MARRIED, WID- WED OR DIVORCED (Write the word.)	16. DATE OF DEATH  (Month)	
PERMA CTLY, very in	(Month)	(Day) (Year)	17. I HEREBY CERTIFY, The	at I attended deceased from
IS A 1	7. AGE	how many O hrs.	that I last saw h alive on and that death occurred on the da	· · · · · · · · · · · · · · · · · · ·
HIS DEPAT	8. OCCUPATION		The CAUSE OF DEATH* was as i	•
SERVED FOR INK — TG INK — TG GE should be ent of OCCI	(a) Trade, profession or particular kind of work.  (b) General nature of industry, business or establishment in which employed (or employer).		Stillbarn- ge	lation fuel
UNFADING pplied. AG	9. BIRTHPLACE (State or Country) Fording	- Ida	Contributory(Secondary)	Yrs. mos. ds.
WITH	10. NAME OF Greg oria	Ensura	(Signed) (Duration)	yrs. mos. ds.
INLY, e caref classifi	11. BIRTHPLACE OF FATHER (State or Country)	,	5-26 19-27 (Address)	rolling Icha
should b	12. MAIDEN NAME OF MOTHER	a Suega	*State the Disease Causing Death; or in (1) Means of Injury; and (2) whether Ac 18. LENGTH OF RESIDENCE	ccidental, Suicidal or Homicidal.
WRI7	13. BIRTHPLACE OF MOTHER		At place In t of death yrs mos days.	its.)
of infoi that it r	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		Where was disease contracted if not at place of death?	
y item ns, so t	(Informant) Caudio 6 (Address) Javiliu	7 Ida	Former or usual residence  19. PZACE OF BURIAL OR REM	OVAL DATE OF BURIAL
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A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the

death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

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PLACE OF BIRTHRECEIVED MAY 1 2 1927 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of Registration District No...... .State File No...... Primary Registration District No. Local Registrar's No. Hospital ..... (Certificate of no value without full name of child) Number Twin Date of Legiti-Sex of Triplet in order birth..... Child or other? of birth mate? (Month) (Year) SEPARATE (To be answered only in event of plural births) (Dav) What bactericidal solution was used in eyes?..... Number of child of this mother, including present birth. Number of child of this mother now living, including present birth. FULL MAIDE COLOR AGE AT LAST COLOR AGE AT LAST number (Years) BIRTHPLACE BIRTHPLACE OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAL of more I hereby certify that I attended the birth of this child, who was on the date above stated. WRITE PLA *When there was no attending physician or midwife, then the father, householder, (Signature) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Give names added from a supplemental report. Registrar

FIRM HE AD ADVANCED HEREIT LA CALL THE SELECTION OF THE SELECT NO. State Alex Princery Registriction Plaightt No. . . . . Long. Booktraffs No. GLAND TO SMAK ARE Corrected of no take without full more of childs Mannet are Date of in writer of hir in TOUR TO I's be answered waly in event of piner British Franco in home new notifies inhistribus factif . . . Mumbee of shild of this muthor now living including secural birth. Virginier of office this mether, including present hirth. MOTHER FULL MA:DE HIME 32MBGISSO COLOR OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAM OR MIDWIFE. WITE BELLEVILLE I hereby curtify that I affended the tirth of this child, who was i Stillionu on the date above stated. presentact was no attending physician. or intends then the rother householder, atc., should the relate this relate has been delibered to a still a case that the relate here there not shows offer realistic of the after bluch. (Sienature) Physician C. Circ connect added from a supplemental respect.

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DEATH rtificate.	1. PIACE OFFICE VED MAY	State of Idaho BOARD OF HEALTH Bureau of Vital Statistics		
OF	County of	trict No.	File No. 57634	
SE	City of Rollwy -	(No,		Registered No
tate CAUSE ns on back o	If death occurs away from usual residence, give facts called for under special in- formation.  2. FULL NAMI	Mulhan	Clifford	If death occurred in a hospital, institution or camp, give its NAME instead of street and number.
uld s	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICA	ATE OF DEATH
RECORD CIANS sho . See insti	m 10- 8	GLE, MARRIED, WID- ED OB DIVORCED  Write the word.)	16. DATE OF DEATH	24 17
rSIC	6. DATE OF BIRTH			19
PER	Mich	24 000	(Month)	(Day) (Year)
MA.		17.4.	17. I HEREBY CERTIFY, Th	nat I attended deceased from
CTI	(Month)	(Day) (Year)	7/2-4 19 ²⁷ to	3/24 1927
XA	7. AGE LILLAND	IF LESS than 1 day	that I last saw h alive on	
2 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		how many	and that death occurred on the d	
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기 됨S	(a) Trade, profession or particular kind of work		sicilora proving	2
G IN	dustry, business or estab- lishment in which employ- ed (or employer)		auloparlum malernal	Theunhapes
VFADIN ied. A( statem	9. BIRTHPLACE (State or Country) Poleuls	o mull	Contributory(Secondary)	Yrs. mos. ds.
Suppl Exact	10. NAME OF FATHERS MILE 12 Clefford		(Duration)	yrsds.
wIly			(Signed)	ne 1 a M. D.
X, are	11. BIRTHPLACE OF FATHER		(/12	elected the
LAINE d be ca	(State or Country)		19(Address)	
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VRITE tion al	13. BIRTHPLACE		18. LENGTH OF RESIDENCE Transients or Recent Reside	
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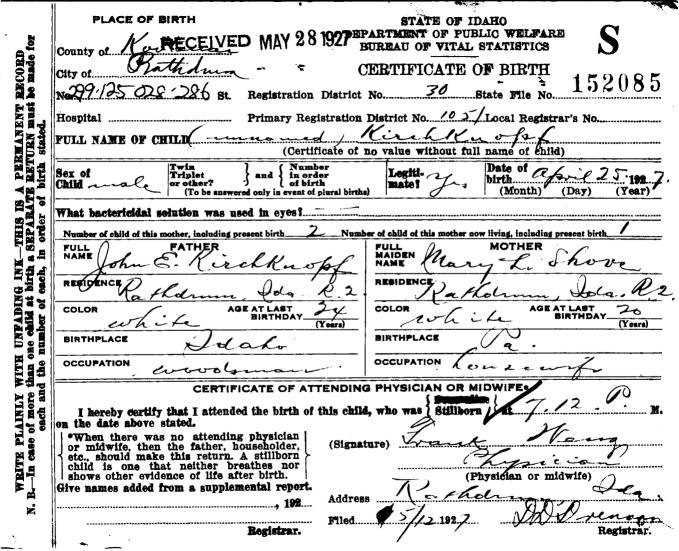
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A14 



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RECEIVED MAY 28 1922 ARTMENT OF PUBLISHED OF VITAL	LIC WELFARE DO NOT WRITE IN THIS SPACE
PLACE OF DEATH CERTIFICATE OF	
County of Control Registration District No.	
City of Rathalan Primary Registration Distr	Local Registrar's No
(No	)
(If death occurred in a hospital or institution	n, give its name instead instead of street and number.)
2. FULL NAME ( un - u amed ) Kirch K.	nopp Die
(a) Residence. No. R. R. 2.	St. (a thousand the h
(Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. is
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH
white white	$\frac{a_{p-1}}{a_{p-1}} = \frac{23}{19} \cdot \frac{19}{19}$
5a If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	17 I HEREBY CERTIFY, That I attended deceased fro
(or) WIFE of	Cepr. 25, 1927 to Cepr. 25. 192
6 DATE OF BIRTH (month, day and year) Stillborn	that I last saw h alive on
7 AGE Years Months Days If LESS than 1 day, hrs.	and that death occurred, on the date stated above, at $\frac{7/2}{1}$
ormin.	The CAUSE OF DEATH was as follows:
8 OCCUPATION OF DECEASED	inchanged eletions win
(a) Trade, profession, or Thoras particular kind of work	loso, -kill
(b) General nature of industry, business, or establishment in	(duration) yrs. mos
which employed (or employer)	CONTRIBUTORY Over gestation - ale
(c) Name of employer	(Secondary)
9 BIRTHPLACE (city or town) Pathdenne odaho	10 mon the (duration) yrs mos
(State or country)	18 Where was disease contracted if not at place of death?
10 NAME OF FATHER John & Nicel Knopp	Did an operation precede death? No Date of
	Was there an autopsy?
11 BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?
	(Signed)
12 MAIDEN NAME OF MOTHER Mary L. There	(Address)
13 BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VI LENT CAUSES, state (1) MEANS AND NATURE OF INJUR
(State or country)	and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14 Informant John E. Kirch Kungsf	19 Place of Burial, Cremation, or Removal   Date of Burial
(Address) D. L. Jelo-ho R. 2	Pro Chara Com la Palliture 4/26 192
(america)	- NAL NEW WORKING HUMANING THE
	20. Undertaker
15 Filed	20. Undertaker

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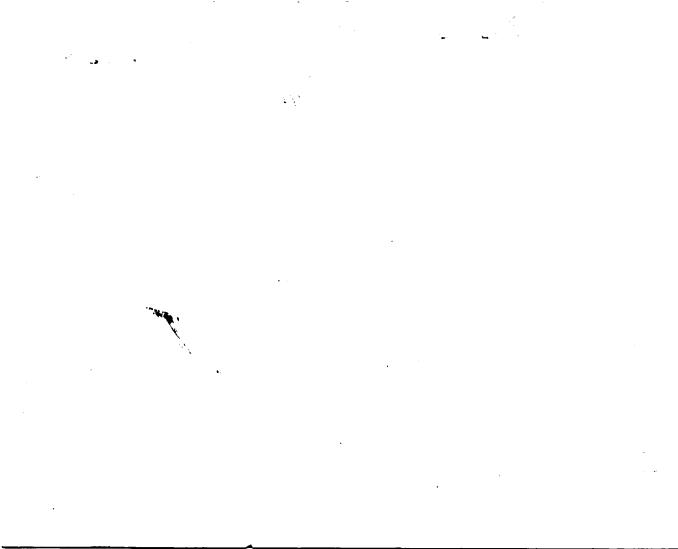
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Do not accept a certificate of death signed only by a mid-wife.

VED MAY 28 1927 PLACE OF A STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of CERTIFICATE OF BIRTH 520 Registration District No. 36 State File No. RETURN must FULL NAME OF CHILD.... (Certificate of no value without full name of child) Number Date of Legiti-Sex of in order Triplet or other? of birth mate Child (Month) (Year) (To be answered only in event of plural births) (Day) What hactericidal solution was used in eyes?.. Number of child of this mother now living, including present birth Number of child of this mother, including present birth-MOTHER FULL FATHER FULL MAIDEN NAME NAME 擅 RESIDENC RESIDENCE COLOR COLOR BIRTHDAY one child number OCCUPATION OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OF PLAINLY I hereby certify that I attended the birth of this child, who was I stillborn on the date above stated. ö •When there was no attending physician (Signature) or midwife, then the father, householder, etc., should make this return. A stillborn VRITE. child is one that neither breathes nor shows other evidence of life after birth. ar midwife Give names added from a supplemental report. Registrar. Registrar.

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KECEIVED JUN I 3 1927 PLACE OF BIRTH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of CERTIFICATE OF BIRTH 152119 Registration District No. 20 State File No. Primary Registration District No/0 / Local Registrar's No.... Hospital ..... (Certificate of no value without full name of child) Twin Number Date of Legiti-Sex of Triplet in order birth..." mate! Child or other? of birth (Month) (Year) (To be answered only in event of plural births) // Dav What bactericidal solution was used in eyes? 10 To Un SEP Number of child of this mother, including present birth... Number of child of this mother now living, including present birth. FATHER MOTHER FULL MAIDEN FULL NAME each, RESIDENCE RESIDEN a a AGE AT LAST COLO COLOR number (Years) BIRTHPLACE OCCUPATION/ OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MID PLAINLY I hereby certify that I attended the birth of this child, who was Stillbo on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor (Signature) WRITE shows other evidence of life after birth. (Physician or make Give names added from a supplemental report. Address Filed... Registrar. Registrar.



	1 9 100	77		
	RECEIVED JUN 1 319	ZI STATE OF II DEPARTMENT OF PUBL		DO NOT WRITE IN THIS SPACE
S C		BUREAU OF VITAL S		
<b>3</b> 0	PLACE OF DEATH	CERTIFICATE OF	DEATH	State File No. 57663
SIC :	County of Toverra R	egistration District No	50	
PHYSICIANS	City of Cour of alene Pr	rimary Registration Distri	ct No. 102	Local Registrar's No
	(1	Yo		······)
LY, PHYS statement	0 10000 10000 0 1	in a hospital or institution,	, give its name instead in	stead of street and number.)
gg #	7- /	1 1 -	J	
EXACTLY, Exact stat	(a) Residence. No. 2		St,	nonresident give city or town and State)
5 II	Length of residence in city or town where des	th occurred yrs. mos.	ds. How long in U. S.,	if of foreign birth? yrs. mos. ds.
be stated classified.	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL	CERTIFICATE OF DEATH
be s lassi	3 SEX 4 COLOR OR RACE 5	Single, Married, Widowed, r Divorced (write the word)	16 DATE OF DEATH	
73	Dole While	Imple.	May	<u> </u>
FE should properly of	5a If married, widowed, or divorced	•	(Month)	(Day) (Year)
4 6 1	HUSBAND of (or) WIFE of		17 On I HEREBY	CERTIFY, That   attended deceased from
AGE pro icate.				1927, to May 28, 1927.
ied. AGE 1ay be pro certificate.	6 DATE OF BIRTH (month, day and year)	27 cay 28 1921	that I last saw here	on Suy voru 19
may cert	7 AGE Years Months Days	1 day,hrs.	and that death occurred,	on the date stated above, at m.
<u>                                   </u>	8 OCCUPATION OF DECEASED	ormin.	The CAUSE OF DEATH	i* was as follows:
			marcin Del	recela presio que
that back	(a) Trade, profession, or particular kind of work		malaske	of early
careful s, so th	(b) General nature of industry, business, or establishment in which employed (or employer)			(dration) yrs mos ds.
S, s	which employed (or employer)(c) Name of employer		CONTRIBUTORY	7.5.
be ca terms, ictions	(o) reality of employer		(Secondary)	
크 그 El	9 BIRTHPLACE (city or town) (State or country)	d Kene		duration) yrs mos ds.
should plain instr	(State or country)	doho.	18 Where was disease co if not at place of dea	th?
- 02 ·	10 NAME OF FATHER	Saars	· ·	death? Date of
nformation DEATH in ortant. See	11 BIRTHPLACE OF FATHER (city or t	Own)	Was there an autopsy?	
It AT	(State or country)	a 1	What test confirmed dia	gndelet by Ollows
	\ <b>C</b>   /		May 28, 19 3,	1 (Address) Cleur Odlice Va
of informs OF DEAT important.	12 MAIDEN NAME OF MOTHER	Olson	1	(Addition) Williams
	13 BIRTHPLACE OF MOTHER (city or	town)		CAUSING DEATH, or in deaths from VIO-
r item CAUSE s very	(State or country)	nich		(1) MEANS AND NATURE OF INJURY, ENTAL, SUICIDAL, or HOMICIDAL.
	14 Informant arrived Is	accen	19 Place of Burial, Crem	nation, or Removal   Date of Burial
2 U I	(Address) ()	- 0	7 40	
Tic.	(Address) ( very of all	u dia	20. Undertaker	neter may 2 8 19 2/
N. B.—Eve should stat CUPATION	15 Filed 14 30, 1927	I & sinna	CDa m	
S. F. S.		M. & Glegistrar	V 1/100	my aided alece

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for	PLACE OF BIRTH LRECEIVED MAY 1 4 192	STATE OF IDAHO DEPARTMENT OF PUBLIC WE BUREAULOF VITAL STATIS	ILFARE C			
	County of Lewis	<del></del>	S			
	City of Baker	CERTIFICATE OF BII				
RECORD be made f	No419 128 030 394 St. Registration Di	strict No	le No. 152147			
UEN must stated.	Hospital Primary Registr					
3 E - 3			LUSIBULUI B 110			
S S S	FULL NAME OF CHILD. (Certificate of no value without full name of child)					
254	Sex of Triplet and Number in order or other?	Legiti- Date of birth	~~~~ 192 f			
SEPARATE  n order of b	What bactericidal solution was used in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in each in					
PA E	Number of child of this mother, including present birth	Number of child of this mother now living, in	cluding present birth			
ME SE	FULL FATHER .	FULL MOTH	ier.			
each car	RESIDENCE Baker	RESIDENCE	Ku			
UNITABING THE SING TH	COLOR  What AGE AT LAST 2 BIRTHDAY (Yes	G COLOR Whh	AGE AT LAST 25 (Years)			
one child number	BIRTHPLACE With	BIRTHPLACE	Lal			
WITH than o	OCCUPATION Farmer	OCCUPATION /52	<del></del>			
a ce te	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE 7 30 /4					
E E	I hereby certify that I attended the birth of thi on the date above stated.	s child, who was Stillborn	M.			
E 22	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	Signature) 75//high	L MED			
WRITE B.—In ca	Give names added from a supplemental report.	All	or midwife)			
. N		address 1927 Ch.	- n.ll			
	Registrar.	Tled 1/1/1/1 192/ 192/	Registro			

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ENT REC	City of Pales Con Construction District Hospital Sulma Gunal Primary Registration	CERTIFICATE OF BIRTH 152150			
Sta GR	FULL NAME OF CHILD(Certificate of	no value without full name of child)			
	Sex of Child Mule Twin and Number in order or other? Sex of birth (To be answered only in event of plural birth)	Legitimate? % Date of Ul 3 1927 (Month) (Day) (Year)			
A A	What bactericidal solution was used in eyes?				
PA	Number of child of this mother, including present birth The Numb	ber of child of this mother now living, including present birth The			
rth a SEPARATE   ch, in order of bi	FULL FATHER NAME Lis L. Coutes	MOTHER MAIDEN Sew May Holbrook			
each,	RESIDENCE Sulum	RESIDENCE Aulum			
nrabing child at bin mber of eac	COLOR  AGE AT LAST BIRTHDAY  (Years)	COLOR AGE AT LAST BIRTHDAY 2/ (Years)			
one child	BIRTHPLACE Winh	BIRTHPLACE Slaho			
WITH than o	OCCUPATION Furner	OCCUPATION			
z a a	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWY E.				
<b>⋥</b> • - 8 ∣	I hereby certify that I attended the birth of this child, who was { Stillborn   Mat				
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WRITE —In ca	shows other evidence of life after birth.  Give names added from a supplemental report.	(Physician or midwife)			
N. B.	. 199 Addres				
<b>F</b> 4	Registrar.	May 10 1927 Chr Bellany Registrar.			

• L. . . . . . • .

EXACTLY, PHYSICIANS Exact statement of OC-	City of County o	DO NOT WRITE IN THIS SPACE STATISTICS DEATH State File No56970
ILY, stat	(If death occurred in a hospital or institution	ive its made instead distead of street and number.
EXACTLY, Exact state	(a) Residence No.	St. Sufur Selloon
<b>-</b>	(Usual place of a vode)  Length of residence in city of town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
stated fled.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
should be stated perly classified.	3 SEX  4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH Copies 3rd 127
houl erly	5a If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
AGE shoul e properly icate.	(or) WIFE of	17 I HEREBY CERTIFY, That I attended deceased from
be iffice	6 DATE OF BIRTH (month, day and year) april 3 /4 27	that I last saw h alive on
plied. may cert	7 AGE Years Months Days If LESS than 1 day, hrs. or min.	and that death occurred, on the date stated above, at
E. 25	8 OCCUPATION OF DECEASED	The CAUSE OF DEATH* was as follows:
آان بد	(a) Trade, profession, or particular kind of work	Nymus palin of mothing
carefully s, so tha 18 on ba	(b) General nature of industry, business, or establishment in which employed (or employer)	(duration) yrs. mos. ds.
e ca	(c) Name of employer	CONTRIBUTORY (Secondary)
hould be ca plain terms, instructions	9 BIRTHPLACE (city or town)	(duration) yrs mos ds.
should plain instru	(State or country)	18 Where was disease contracted if not at place of death?
	10 NAME OF FATHER General Coates	Diff an operation precede death?
information F DEATH in portant. See	11 BIRTHPLACE OF FATHER (city r town) (State or country)  W  Lesson  L	What test confirmed diagnosis? To Mush- M. D.
40 B	12 MAIDEN NAME OF MOTHER Rena Sollies	4/8, 1927. (Address) Salumar
y item o	13 BIRTHPLACE OF MOTHER (city or town) (State or country)	*State the DISEASÉ CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
F a. '''	14 Informant few of stes	19 Place of Burial, Cremation, or Removal   Date of Burial
B.—Every ld state C ATION is	(Address) Solmon Idah	Solemon Centery 4-3" 1927
N. B.— should CUPAT	Filed 1 10 , 19.37 Clip Bellamy	20. Undertaker  Address  Solwands

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Could of the local ..... 200 u 40 1 BOARD HOSER ROBERSHON on the date above stated. a void mathematic one come and application of individe that the father nonectioner of the should reak this return A with the this is one that arther breather at Mins shows other coldence of life after birth tive orress added from a supplemental report.

A COLOR V SHEET SHEET SHEET

Printery Registration in Sicr Volume

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RECEINED I	N PROPERTY OF TALLS	IC WEID ARE	ex Not write by	THE SPACE
County of the state of the	CHRIUPICALE: OF	DIA THE	M. Ph. May 67	698
City of Hilbard	Registration District No		Local Registrar's 1	No. 38
(If death overland	(No. in a hospital of institution, give its	•	) mber.)	
2. FULL NAME.	U/Jon-			
(a) Residence. No	1 1 1 1 1 1	St. (If	nonresident give city or to oreign birth? yrs.	wn and State) mos. (ds.
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL	CERTIFICATE OF DEAT	н /СОЛ
8. SEX 4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (waite the word)	16. DATE OF DEATH	la 4	
5a./If married, widowed, or divorced	I gainted	· (M	onth) (Day)	(Year)
HUSBAND of . (or) WIFE of		17. I HEREBY CERTIFY	Y, That I attended deceased	from
6. DATE OF BIRTH (month, day and year)	mar 4 1927.	that I last saw here	Sheet	19
7. AGE Years Months	Days IIIIES than 1 day,	and that death occurred, o	n the date stated above, at a	/2 . m.
	min.	The CAUSE OF DEATH	was as follows:	heline
8. OCCUPATION OF DECEASED (a) Trade, profession, or	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	cond.		
(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	<b>.</b>		J	
business, or establishment in which employed (or employer)			(duration)yrs	mosds.
(c) Name of employer	0	(Secondary)		
9. BIRTHPLACE (city or town)	hard Vitali	10 111	(duration) yrs	ds.
(State or country)		18. Where was disease con if not at place of deat	h?	
10. NAME OF FATHER HAVE.	Villmore	Did an operation precede of Was there an autopsy?	leath? Date of.	,
11. BIRTHPLACE OF FATHER (city or (State or Country)	town)	What test confirmed diagn	osis?	
(State or Country)  12. MAIDEN NAME OF MOTHER	gan	(Signed)	our of w	М. Р.
12. MAIDEN NAME OF MOTHER	and Parker	, 192	(Address)	()
18. BIRTHPLACE OF MOTHER (city of (State or Country)	r town)	*State the DISEASE CA CAUSES, state (1) MEA whether ACCIDENTAL, S	USING DEATH, or in deat INS AND NATURE OF I SUICIDAL, or HOMICIDAL	hs from VIOLENT NJURY, and (2)
14. Informant		19. Place of Burial, Crem	ation, or Removal Da	te of Burial
	mane R. 3.R.	a Taxan	9.	4 19 Z
15. Filed. 19.2	Marry	20. Undertaker	Ad	dress
	Registrar			

STATEMENT OF OCCUPATION .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mills (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifica. tions, as Day laborer, Farm laborer, Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework or At home, and children, not gainfully employed, as Af school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "State," "William of the symptom of the "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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Do not accept a certificate of death signed only by a

midwife.

RECEIVED MAY 1 4 1921 RECORD be made for STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH Registration District No... State File No..... Prim. Registration District No. 2/7 & Local Registrar's No. 6. 7. give name.) FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Sex of Date of Legiti-Triplet in order Child / of birth birth mate? (To be answered only in event of plural births) (Month) (Dav) Number of child of this mother, including present birth. ...... (a) Born alive and now living Born alive but now dead. FATHER MOTHER FULL . MAIDEN and a NAME Residence (Usual place of abode). Residence (Usual place of abode). If nonresident, give place and State If nonresident, give place and State Age at last Birthday. Color or race Color or race Age at last Birthday (Years) Birthplace ..... Birthplace. (City, and State or Country) City and State or Country Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. (Signature) *Where there was no attending physician or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth.

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RECEIVED MAY 1 4 1927 STATE OF IDAM WELFARE OF AUSTICS DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH State File No. 57704 CERTIFICATE OF DEATH County of.. Registration District No...... Local Registrar's No. 52 Primary Registration District No.2 stated EXACTLY, 2. FULL NAME. (a) Residence. No..... (If nonresident give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. should be startly classified. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH Single, Married, Widowed, 4. COLOR OR RACE or Divorced (waite the word) (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) supplied. 7. AGE Years Months If LESS than 1 day, hat it may certificate. and that death occurred, on the date stated above, at, 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work.... (b) General nature of industry, business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) _____(duration) _____yrs. ____mos. 9. BIRTHPLACE (city or town 18. Where was disease contracted (State or country) if not at place of death? 10. NAME OF A Did an operation precede death? Date of Was there an autopsy? PARENTS What test confirme 11. BIRTHPLACE OF FATHER (city or town) (State or Country) AUSE OF important. CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (State or Country) Place of Burial, Cremation, or Removal Date of Burial Informant 19 27 (Address) 20. Undertaker Address

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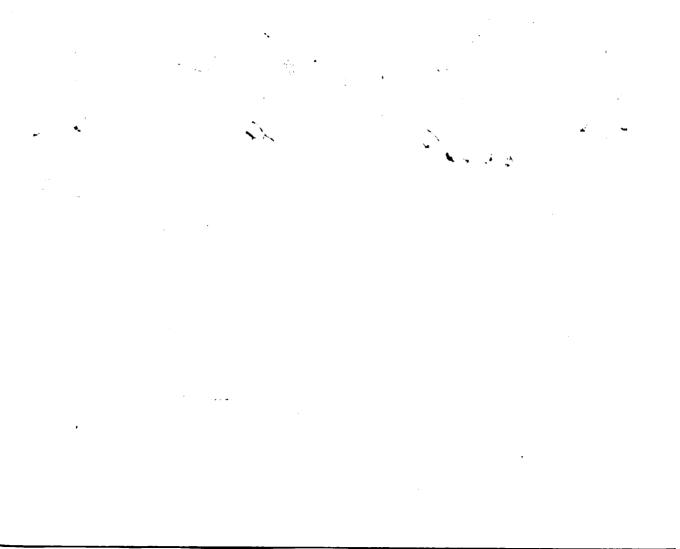
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	PLACE OF BIRTH	STATE OF IDAHO		
CORD made:dor	County of LEGELVED MAY 18 1927 DEF	ARTMENT OF PUBLIC WELFARE -		
RECORD be made:		ERTIFICATE OF BIRTH 152325		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		No. 96 State File No.		
NENT N must ted.	Hospital Primary Registration	District No. 1009 Local Registrar's No.		
EMANENT I URN must I stated.	FULL NAME OF CHILD YOU SWILL OF CHILD (Certificate of no value without full name of child)			
PER	Sex of Child Twin Triplet or other? and Number in order of birth (To be answered only in event of plural births	Legiti- mate:    Date of		
65 F	What bactericidal solution was used in eyes?	<u> </u>		
THIS SEPAR	Number of child of this mother, including present birthNumb	er of child of this mother now living, including present birth		
A st	FULL FATHER ME Evers	MAIDEN MATHER NAME May by Justin alice		
G INK birth	RESTDENCE	RESIDENCE Standard		
S # E	COLOR  AGE AT LAST BIRTHDAY (Years)	COLOR AGE AT LAST BIRTHDAY (Years)		
UNFAD one child number	BIRTHPLACE Stash.	BIRTHPLACE OKLA		
_5=	OCCUPATION Laborer	OCCUPATION Aug		
	CERTIFICATE OF ATTENDING	PHYSICIAN OR MIDWIFE		
PLAINLY se of more each an	I hereby certify that I attended the birth of this child on the date above stated.	i, who was Stillborn Lat.		
E PLAI case of ea	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn	Ture) / Slockslager		
WBLTE —In ca	shows other evidence of life after birth.	(Physician or midwife)		
₽	Give names added from a supplemental report.  Addres.	deusting Ida		
ž	Filed	May 10 1927 Man & Pouce		
	Registrar.	Registrar.		

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	RECEIVED MAY 181927 DE	DAHO LIC WELFARE	DO NOT WRITE	IN THIS SPACE	
SS -5		BUREAU OF VITAL	STATISTICS	<b>→</b>	÷
AT.	PLACE OF DEATH	CERTIFICATE OF	///	State File No	57721
t o	County of Line Regi	stration District No	7.6	-	
PHYSICIANS ement of 0C-	City of Leverston da Prim	ary Registration Distr	ict No. 1009	Local Registrar's	N0,
te H	(No.	a hospital or igstitution	orize its name instead	Instant of street and a	
្តីដូ	2. FULL NAME Wayne	sell N	Me quero	mistoad of street and no	mioer.)
KECUKU I EXACTLY, PHYS Exact statement	(a) Residence. No.	* ************************************	C4.		
	(Usual place of shode)			if nonresident give city	or town and State)
۹ ₇₆	Length of residence in city or town where death		ds. How long in U. S	., if of foreign birth?	yrs. mos. ds.
dankin'i b l'be stated classified.	PERSONAL AND STATISTICAL I	PARTICULARS	MEDICA	L CERTIFICATE OF	EATH 1840
FERMANENT hould be state erly classified.	3 SEX 4 COLOR OR RACE 5 SIT	gie, Married, Widowed, vorced (write the word)	16 DATE OF DEATH		
불분정	male White	vo. sea (witte the word)	upr	<u> </u>	1927
FERM should perly c	5a If married, widowed, or divorced	,,	(Month)	(Day)	(Year)
<b>⊿≝</b> ₿.	HUSBAND of (or) WIFE of		17 I HEREB	Y CERTIFY, That I at	tended deceased from
AGE Projecte.		11001000	Ups 5	, 1027, 19	1927.
	7 AGE Years Months Days	1/5/1921	that'l last saw h	alive on Parties	19
-Thus is tabled. AGE may be proceeded.	7 AGE Years Months Days	If LESS than 1 day,hrs.	li .	d, on the date stated a	bove, at 8:307° m.
E S COURTER OF PERSON			The CAUSE OF DEAT	H* was as follows:	
at it	8 OCCUPATION OF DECEASED				
	(a) Trade, profession, or particular kind of work.				·
Carefull s, so the	(b) General nature of Industry, business, or establishment in			(duration)yrs.	mos., ds.
UNFALING  be careful  terms, so tl  actions on the	which employed (or employer)(c) Name of employer		CONTRIBUTORY	Rolen	Du.
UNFAL l be ca terms, actions	J	12 100	(Secondary)	***********	·
. 그	9 BIRTHPLACE (city or town) (State or country)	Jan Jan.	18 Where was disease	(duration) yrs.	mos ds.
WITH should plain instru		0.6.4.10.4	if not at place of de	eath?	
دہ ہہ `` ≷	10 NAME OF FATHER June C. MIC		Did an operation prece	)// ~	of
女は耳	11 BIRTHPLACE OF FATHER (city or town	0	Was there an autopsy? What test confirmed di	1	*
LAUNLY iformati DEATH rtant.	(State or country)	wash	(Signed)	Morrish	ugu M. D.
ie Plainly of informati OF DEATH important.	12 MAIDEN NAME OF MOTHER ( ! /		Cefer 6 19)	2 (Address) Lev	vion to
3 4 O H	a man				- •
KULE em od JSE (	13 BIRTHPLACE OF MOTHER (city or town (State or county)	20.1.	[1]	CAUSING DEATH, or (1) MEANS AND NA	
wkilly item of CAUSE s very i	- Tawwaa.	warown		DENTAL, SUICIDAL, or	
E G	14 Informant Que & MC	Euro	19 Place of Burial, Cre	mation, or Removal	Date of Burial
Every state C ION is	(Address) Roistop M	m.	Cartesti	n Wash	3/6 19]
, PI	- OA.	6 0	20. Undertaker	/	Address
B.—Evolution	15 Filed May 10, 1927 Musan	E Bull Registrar	KARm.	char to	Clacks to he
		negistrar	T V L V DOG		

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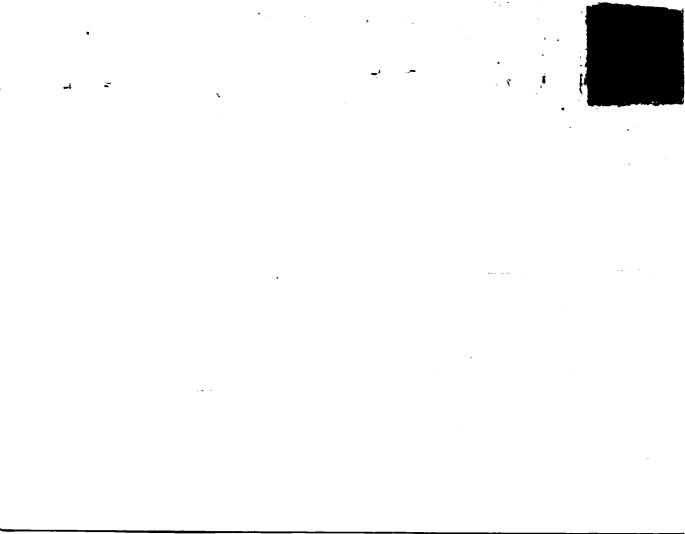
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Registrars should be careful to see that the medical state-

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a mid-wife.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH ....State File No..... Registration District No..... hospital or institution Prim. Registration District No. 2072 Local Registrar's No. 1000 give name.) FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of hour Sex of Legiti-/ Triplet in order birth ........ Child or other? mate?[100 (To be answered only in event of plural births) (Month) (Day What prophylactic was used to prevent Ophthalmia Neonatorum?!.... Number of child of this mother, including present birth_ Born alive and now living... Born alive but now dead... Stillborn FATHER PULL. FULL MAIDEN NAME TFADING child at b Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State. ge at last Birthday. (Years) gowa (Years) Birthplace Birthplace (City and State or Country) (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* PLAINLY case of mor I hereby certify that I attended the birth of this child, who was ? Still on on the date above stated. *Where there was no attending physician WRITE B.—In (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.



STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architet, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitual nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile,"
etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

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_5	DEPARTMENT OF PUBLIC WELFARE	
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FORM V. S. No. 5-A-25M. 1-19. STATE OF IDAHO CEPTUFICATE OF DEATH DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS State File No. 57026 Revistration District No. City of I Kells Primary Registration District No. 221/ If death occurs away from If death occurred in a hosusual residence, give facts pital, institution or camp. called for under special ingive its NAME instead of formation. street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR. OR BACE & SINGLE, MARRIED, WID-R SEX OWED OR DIVORCED 16. DATE OF DEATH (Day) . I HEREBY CERTIFY. That I attended deceased from (Month) (Dav) that I last saw h......all IF LESS than : day how .....hrs. or DEATH* was as fellows: Yrs Mos ds 8. OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employ-Contributory ..... ed (or employer)..... (Secondary) 9. BIRTHPLACE (State or Country) 10. NAME OF Father 11. BIRTHPLACE *State the Disease Causing Death; or in deaths from Violent OF FATHER Causes, state (1) Means of Injury; and (2) whether Accidental, (State or Country) Suicidal or Homicidal. 12. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, OF MOTHER Transients or Recent Residents.) 18. BIRTHPLACE At place In the OF MOTHER of death.....yrs.....mos......days. State.....yrs.....mos......ds. (State or Country) Where was disease contracted if not at place of death?..... Former or (Informant) usual residence

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner. (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile inctory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH. state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia: Bronchopneumonia ("Pneumonia." unqualified, is indefinite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ......(name origin; "Cancer' is less definite; avoid use of "Tumor" for malignant neoplasms: Measles: Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis. etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia." "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congental," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age." "Shock." "Uraemia." "Weakness." etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

IDAHO UBLIC WELFARE L STATISTICS OF BIRTH State File No.... PERMANENT Primary Registration District No. 10 85 Local Registrar's No. FULL NAME OF CHILD. (Certificate of no value without full name of child) Twin Number Date of Legiti-Triplet in order birth.... Child of birth mate? (Month) (Day) (Year) (To be answered only in event of plural births) of What bactericidal solution was used in eyes? order Number of child of this mother now living, including present birth. Number of child of this mother, including present birth. FULL MOTHER FATHER FULL MAIDEN NAME NAME G IN birth each, RESIDENCE RESIDENCE 7 COLOR COLOR child number (Years) BIRTHPLACE OCCUPATION the OCCUPATION ATTENDING PHYSICIAL PLAINLY I hereby certify that I attended the birth of this child, who was on the date above stated. ö *When there was no attending physician CASE (Signature) or midwife, then the father, householder, WRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Give names added from a supplemental report. Address Registrar.



California (California)

RECEIVED MAY 1 3 1997 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH Registration District No.... Local Registrar's No.... Primary Registration District No. 10 85 or institution, give its name instead instead of street and number.) (If death occurred in a hospital 2. FULL NAME (a) Residence. (If nonresident give city or town and State) (Usual place of abode) ds. How long in U. S., if of foreign birth? Length of residence in city or town where death occurred mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divor ed (write the word) 16 DATE OF should (Day) 5a If married, widowed, or divorced **HUSBAND** of HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6 DATE OF BIRTH (month, day and 7 AGE Years Months Ιf LESS than and that death occurred, on the date day. ..... .....min. or 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) ..... CONTRIBUTORY (c) Name of employer (Secondary) (duration) ..... yrs. .... mos. ____ ds BIRTHPLACE (city or town 18 Where was disease contracted (State or country) if not at place of death?.... Did an operation precede death?..... Date of ...... Was there an autopsy? ..... 11 BIRTHPLACE OF FATHER (city op-town) What test confirmed (State or country) important. 12 MAIDEN NAME OF MOTHER 0F *State the DISEASE CAUSING DEATH, or in deaths from VIO-CAUSE 13 BIRTHPLACE OF MOTHER (eity or town) LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, very (State or country) and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 2 Date of Burial of Burial, Cremation, or Removal 19 Place Informante CUPATION (Address) Registrar

STATEMENT OF OCCUPATION .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a mid-wife.

	BLACE OF BECEIVED HAVE	COLUMN ON TO THE
•	County of Bannock	PARTMENT OF PUBLIC WELFARE
هِ ا	County of Dannock	BUREAU OF VITAL STATISTICS
ade ade	City of Pocatello	ERTIFICATE OF BIRTH 152563
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PERMANENT RECORD RETURN must be made for lith stated.		No. State File No.
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	PLACE OF DEATH MAY 20 1927 ARTMENT OF PUBLIC			ATISTICS	DO NOT WRITE IN THIS SPACE	
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at P	Cit	y of Overtillo	Primary Registration District		Local Registrar's No. 5. 9.23	
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R C C T		(If death occurre	(No	name instead of street and n	) umber.)	
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r RECORD ed EXACTLY, I Exact statement	Z.	FULL NAME	state fine	- Gt		
F ted		(a) Residence. No. 440 (Usual place of abode)	- / 6/22	UIf	nonresident give city or town and State)	
ANENT be state ified. E	Le	ngth of residence in city or town where de	ath occurred. yrs. mos. ds.	How long in U. S., if of foreign birth? yrs. mos.		
AING A PERMANENT I should be stated rly classified. Ex		PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL	CERTIFICATE OF DEATH	
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S IS A Pl AGE shot properly	5a.	. If married, widowed, or divorced HUSBAND of		<i> </i>		
SEE	li	(or) WIFE of		17. I HEREBY CERTIFY, That I attended deceased from		
S A E	6.	DATE OF BIRTH (month, day and year)	april 5-1927	that I last saw h	19 19 19 19 19	
THIS I	·	AGE Years Months	Ways If LESS than 1 day,		on the date stated above, atm.	
ig a s		Stillow	hrs. or min.	The CAUSE OF DEATH	I* was as follows:	
VG INK—THI Ily supplied. that it may be certificate.	8.	OCCUPATION OF DECEASED		fligh	born primatures	
3		(a) Trade, profession, or	Inter t	1 fy droughelas very		
SE E		particular kind of work		large		
4 <b>14</b>		(b) General nature of industry, business, or establishment in			(duration)yrsmosds.	
NFA NFA e car ms, r		which employed (or employer)		CONTRIBUTORY		
De pe term on ba		(c) Name of employer		(Secondary)	A Child	
WITH should plain ction	9.	BIRTHPLACE (city or town)	rabillo	(duration) ys. Charles ds.		
Etip Sh	(State or country)			if not at place of death?		
stru		10. NAME OF FATHER	Villering	Did an operation precede	death 1 Date of	
TE PLAINLY, information OF DEATH is ant. See instr	_ -	429.	Pit	Was there an autopsy?.	. 0	
LAI OFF See	NATS	11. BIRTHPLACE OF FATHER (city or (State or Country)	town)	What test confirmed diagnatis?		
e di c	E	11. BIRTHPLACE OF FATHER (city or town)  (State or Country)  12. MAIDEN NAME OF MOTHER		(Signed), M. D.		
	PA	12. MAIDEN NAME OF MOTHER	Blain		(Address)	
WRITE item of i			Tourston	*State the DISEASE C.	AUSING DEATH, or in deaths from VIOLENT ANS AND NATURE OF INJURY, and (2)	
ATU imj		13. BIRTHPLACE OF MOTHER (city of (State or Country)	gital	whether ACCIDENTAL,	SUICIDAL, or HOMICIDAL.	
~ ~ ~	14.	Of an will	aus	19. Place of Burial, Cres	mation, or Removal Date of Burial	
TE 42		Informant Of The	11- 8/1-	Mountain (	Vien Pour abril 1927	
d s		(Address)	1 PH	20. Undertaker	Address	
N. B.—] should s TION is	15.	Filed 7/6 , 1927.	Hyoman. Registrate	Calumach	19/full watshir	
ZEE	<del></del>		A Registrat.			

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"): Lobar pneumonia: Bronchopneumonia ("Pneumonia." unqualified. is indefinite): Tuberculosis of lungs. use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis. etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

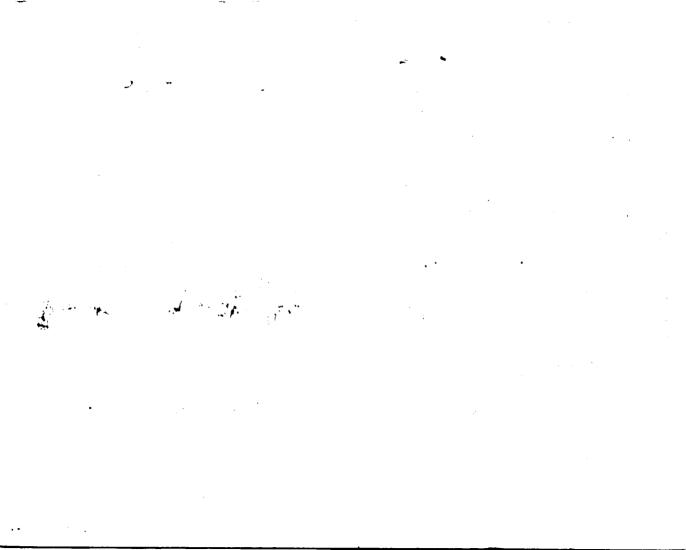
Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

midwife.

PLACE OF BIRTHRECEIVED JUN 1 41027 STATE OF IDAHO 753-102-003-866 County of Bannock Bureau of VITAL STATISTICS City of Swann Lake No. St. Registration District No. 5-3 State File No. 1525							
No	District No. 21 GO Local Registrar's No. 292						
FULL NAME OF CHILD	no value without full name of child)						
Sex of Male  Child Male  Twin Triplet and in order of birth (To be answered only in event of plural birth	Legiti- mate; Yes Date of 12 x, 2, 1927 (Month) (Day) (Year)						
What bactericidal solution was used in eyes?							
Number of child of this mother, including present birth 7 Number of child of this mother, including present birth 7 Number of child of this mother, including present birth 7 Number of child of this mother, including present birth 7 Number of child of this mother, including present birth 7 Number of child of this mother, including present birth 7 Number of child of this mother, including present birth 7 Number of child of this mother, including present birth 7 Number of child of this mother, including present birth 7 Number of child of this mother, including present birth 7 Number of child of this mother, including present birth 7 Number of child of this mother, including present birth 7 Number of child of this mother, including present birth 7 Number of child of this mother, including present birth 7 Number of child of this mother, including present birth 7 Number of child of this mother, including present birth 7 Number of child of this mother, including present birth 7 Number of child of this mother, including present birth 1 Number of child of this mother, including present birth 1 Number of child of this mother, including present birth 1 Number of child of this mother, including present birth 1 Number of child of this mother, including present birth 1 Number of child of this mother, including present birth 1 Number of child of this mother, including present birth 1 Number of child of this mother, including present birth 1 Number of child of this mother, including present birth 1 Number of child of this mother, including present birth 1 Number of child of this mother, including present birth 1 Number of child of this mother, including present birth 1 Number of child of this mother, including present birth 1 Number of child of this mother, including present birth 1 Number of child of this mother birth 1 Number of child of this mother birth 1 Number of child of this mother birth 1 Number of child of this mother birth 1 Number of child of this mother birth 1 Number of child of this mother birth 1 Number of chil	FULL MOTHER MAIDEN NAME Edith Chella Howell						
RESIDENCE Lake, Idano	RESIDENCE NA Lake, Idaho						
color White AGE AT LAST 47 BIRTHDAY (Years)	color White AGE AT LAST 41 (Years)						
BIRTHPLACE Utah	Iduino						
occupation Farming	occupation Housewif						
I hereby certify that I attended the birth of this chile on the date above stated.  *When there was no attending physician or midwife, then the father, householder, etc should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Give names added from a supplemental report.  Address	ture)  Physican (Physician or midwife)						
	County of Swann Lake  City of Swann Lake  No						



1. PLACE OF PRECEIVED County of Bannock Swan Lake	Registration District No Primary Registration Distri	F DEATH  S 2  Ct No. 2 (60)  State File No  Local Registrar's	State File No	
If death occurs away from usual residence, give facts called for under special information. 2. FULL N	•	If death occurred in a hospital, institution or camp give its NAME instead of street and number.  MEDICAL CERTIFICATE OF DEATH		
PERSONAL AND STATISTIC 4. COLOR OR RACE 5. 8	AL PARTICULARS			
Male White	Single (Write the word)	May 2, 1927 (Month)	Day) (Year)	
May 2 (Month)	, 1927 (Day) (Year)			
	IF LESS than 1 day how many	and that death occurred on the date stat The CAUSE OF DEATH* was as follows:	ed above, at	
8. OCCUPATION (a) Trade, profession or N particular kind of work	one	(Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signe		
ed (or employer)	Lake, Idaho			
11. BIRTHPLACE OF FATHER (State or Country)				
OF MOTHER Edith Che 13. BIRTHPLACE				
(Informant) Lewis J. P	etty Jr.	if not at place of death?  Former or usual residence		
15. Swo	n Lake Icho mary C. Coffe Local Registral	Swan Lake, Idenc	ADDRESS	
	County of Bannock City of Swan Lake If death occurs away from usual residence, give facts called for under special information.  PERSONAL AND STATISTIC S. SEX	1. PLACE OF IRAGEIVED JUN 14 JUN 14 JUN 16 County of Bannock Registration District No	DEPARTMENT OF BEATH County of Bannock City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of Swan Lake City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City of City o	

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accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ......(name origin; "Cancer' is less definite; avoid use of "Tumor" for malignant neoplasms: Measles: Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congental," "Senile." etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia." "Weakness." etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train -accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

for	PLACE OF BIRTH	STATE OF II PARTMENT OF PU					
		SURBAU OF VITAL					
25	18-00 0	ERTIFICATE (	- DIDMII				
RECORD be made	Oity or A. A. A. A. A. A. A. A. A. A. A. A. A.						
	No. 331102004695st. Registration District	No. 55	State File No. $152678$				
NT	Hospital Primary Registration	District No.213	LLocal Registrar's No4				
PERMANENT RETURN must irth stated.		21201100 1102111					
MA DIR.	FULL NAME OF CHILD(Certificate of	no value without fu	ll name of child)				
HELL	Twin ) (Number	Legiti-/4	Date of Q/				
	Sex of Triplet and in order of birth	mates	birth 192				
S T Jo	(To be answered only in event of plural births	i)	(Month) (Day) (Year)				
S I	What bactericidal solution was used in eyes?						
SEPARATE Order of 1	Number of child of this mother, including present birth 6 Numb	er of child of this mother n	ow living, including present birth				
[ es	FATHER NAMED A	FULL MAIDEN	MOTHER .				
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fg INT t birth each,	RESIDENCE & Charles	RESIDENCE	learles				
ADIN ild at er of	COLOR While AGE AT LAST 36 BIRTHDAY 36 (Years)	COLORWate	AGE AT LAST 30 BIRTHDAY (Years)				
UNFA ne child number	BIRTHPLACE (Years)	BIRTHPLACE	) L. C.				
	Flalio		daro				
WITH than d	OCCUPATION farmer	OCCUPATION	reservife				
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE						
of more each an	I hereby certify that I attended the birth of this child, who yes fullibers at 3, 5 5 M.						
AINI of mo	on the date above stated.	tellborn					
F.	*When there was no attending physician (Signa)	ture) (O)	moore Ma				
RITE PI In case	or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	,	Paris Idaha				
WRITE PLA In case of	shows other evidence of life after Dirth.	(1	Physician or midwife)				
B 🛪	Give names added from a supplemental report.	~					
Z.		s					
, .	Registrar.	192	Registrar.				

PRINCATE OF BEEF Revisitation Distrior No. 22 State Mr. No. Primary Registration District No. 1 in the Presistence No. Cortificate of no summer without full pour rabraul bus dreid to "radiu ro To be any vi only in wear of pince birthel What parterfolded solution was used in eyes? ....... Number of child of this pauthor gow living, including present beeth . Number of child of this mother, including process Seth ACE AT LAST KIGE AT LAST ROLOS ACHTRIB CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. O SERVICIONE I hereby certify that I attended the birth of this child. who was faithfinen on the date shove stated. *When there was no strending physnich! (erulag .: 19) or midwife, then the father householder. etc. should make this return. A stillbern child is one that neither breathes nor shows other evidence of life after birth. (stre names added from a supplemental report. Filed

PLACE OF RECEIVED JUL 1 1 1927 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of Registration District No. State File No. Primary Registration District No. Local Registrar's No RETURN (Certificate of no value without full name of child) Twin Number Date of Legiti-Sex of Triplet in order hirth. 🗢 Child or other? of birth mate? (Month) (Day) SEPARATE (Year (To be answered only in event of plural births) 5 What hactericidal solution was used in eves! order Number of child of this mother, including present birth. Number of child of this mother now living, including present birth FULL FULL MAIDEN NAME NAME RESIDENCE COLOR COLOR number (Years) BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE+ PLAINLY Born allve I hereby certify that I attended the birth of this child, who was | Stillborn on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Give names added from a supplemental report. Address Registrar. Registrar.

Trivier. ur other? · hpac on the date above stated.

DEPARTMENT OF PUBLIC VELEARS

Registration District No. ..... 1949 File Mo. ... tringary Registration District No. 11 Local Recistrate No. 124 Charlings to the value and the analysis of their inh in al Chan da 11 33 · steam, diridle. (To be above, a cope is event of plural birtle! What bactericial cointies used in crest..... Number of shift of this madder was liven includes or proston birds. MOTHER Jater MAIDEN BMAM BURBANE TEAT A BODA ROJOD MACHICAL SACHTRIE OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWASEA Burger Priver I hereby ceptify that I attended the birth of this child, who was ! Stiffered a ne-"When there was no attending physician i or ulfwife then the father householder, etc., should make this paper A stitiborn while is one that units, breathes not (Signature) show other evidence of life all . 'trib. Olsennames added from a constantental report.

	STATE OF I	DAYO		
NIS OC-	PECEIVED .IIL I I ISZI DEPARTMENT OF PUBL	IC WELFARE DO NOT WRITE IN THIS SPACE		
_	PLACE OF DEATH  BUREAU OF VITAL  CERTIFICATE OF			
SIC	County of Beneral Registration District No	3 2		
PHYSICI	City of St Marce Primary Registration Distr	ict No. 20 49 Local Registrar's No.		
9	(No. Plant)	give its name instead instead of street and number.)		
ECORD EXACTLY, Exact stat	2. FULL NAME Sune Welarus In			
EXACT Exact	(a) Residence. No	***************************************		
	(Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	(If nonresident give city or town and State)		
ੋ' ਜ਼ਰੂ.		11		
stated sified.	PERSONAL AND STATISTICAL PARTICULARS  3 SEX	MEDICAL CERTIFICATE OF DEATH		
<b>2</b>	or Divorced (write the word)	16 DATE OF DEATH		
should perly c	<del></del>	Month) (Day) (Year)		
서울 집	5a If married, widowed, or divorced HUSBAND of			
AGE AGE projecte.	(or) WIFE of	17 I HEREBY CERTIFY, That I attended deceased from		
2 2 E	6 DATE OF BIRTH (month, day and year) June 7 - 1927	that I last saw h alive on		
plied.	7 AGE Years Months 1998 If LESS than 1 day, hrs.	and that death occurred, on the date stated above, at 430 m.		
	8 OCCUPATION OF DECEASED	The CAUSE OF DEATH* was as follows:		
y sur gat it	(a) Trade, profession, or particular kind of work			
	particular kind of work			
abind carefull s, so the	business, or establishment in which employed (or employer)	(duration) yrs mos ds.		
UNFA be ce terms, ictions	(c) Name of employer	(Secondary) (duration) yrs. mos. ds.		
	9 BIRTHPLACE (city or town) A Marie			
should plain instr	9 BIRTHPLACE (city or town) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	18 Where was disease contracted if not at place of death?		
	10 NAME OF FATHER	Did an operation precede death?		
Se ii i	11 BIRTHPIACE OF FATHER (citycon town)	Was there an autopsy?		
LAINLY iformati DEATH rtant.	11 BIRTHPLACE OF FATHER (city or town) (State or country)	What test confirmed diagnosis		
a gara		(Signed) M. D. (Address) A. Mark.		
of informi OF DEAT	12 MAIDEN NAME OF MOTHER with	(Audress)		
SEC	18 BIRTHPLACE OF MOTHER (city or town) (State or country)	*State the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,		
WKIT item CAUSE s very	- Pline	and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL		
F 0.7	14 Informant John M. Zhomas	19 Place of Burial, Cremation, or Removal   Date of Burial		
N. B.—Ever should state CUPATION	(Address) at Marie Ida	Wardaun June 1/ 192/		
PAT BE	16 - June 7 -27 Palling 2:1	20 Undertaker Address		
N. B should CUPAT	Filed Mr. 19 Registrar	mitchell & meraqui Il marce Ila		

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect. Locomotive engineer. Civil engineer. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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Do not accept a certificate of death signed only by a midwife.

PERMANENT RECORD RETURN must be made for irth stated.	County of Bingham			
MANE URN m stated.	FULL NAME OF CHILD James Christensen (Certificate of i	Jr. no value without full name of child)		
A PER E RET	Sex of Twin and Number in order or other? And to be answered only in event of plural births	Legiti-Yes birth 6/11/27 1927 (Month) (Day) (Year)		
SEPARATE IN Order of b	What bactericidal solution was used in eyes?			
	Number of child of this mother, including present birth	er of child of this mother now living, including present birth I  FULL MOTHER MAIDEN NAME Margaret Nelson Thansen		
	RESIDENCE Blackfoot	Blakcfoot		
UNFADING te child at bi umber of ea	white AGE AT LAST 40 BIRTHDAY (Years)	white AGE AT LAST 32 White (Years)		
	BIRTHPLACE Denmark	BIRTHPLACE Missouri		
the st	occupation Farmer	OCCUPATION Housewife		
WRITE PLAINLY W. N. B.—In case of more the each and	I hereby certify that I attended the birth of this child on the date above stated.  *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Give names added from a supplemental report.  Addres  Registrar.	(Physician or midwife)		

DEPARTMENT ON PUBLIC WELKER BUREAU OF VITEL STATISTICS CISETHTICATE OF BIRTH JOOTMONEH Registration District No. L. MILLELL SAN BE Primary Registration District Nuclear Cores Registron PINE NAME OF CRIDE ALADAS CITTACADAS LA (Cartificate of no value without full same of child) Tell 1 2/11/27 and in ariding (Month) (To be masses, od only in event of plugal thribal Wast bacomission was used in system like 0-211vol 10% Number of child of this mother, fasheding present hirth. Number of shild of this nucher now living, including processe bleth. MOTHER PRINTAN Property of the RESIDENCE BLAKETOOL Blackfoot AGELAT LAST AGE AT LAST BINTHPLACE are bourt MTERITE. Housewife Tenyage CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE with wron ! Lierobs coulty that I attended the birth of this child, who was a RECOUNT | at ... details aroda atab dat so warm there was no attending physicien . (ejensture) . or milwite, then the father, householder. of should make the return A stillborn while one that patter breathes nor (Physician or midwifs) shave other evidence of life after birth. tire mener inches trees a maniomental report. Address Registrar. Registraci

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE 192 BUREAU OF VITAL STATISTICS DO NOT WRITE IN THIS SPACE CERTIFICATE OF DEATH Registration District No...... County of. Local Registrar's No. Exact statement Primary Registration District No. (No. ..... (If death occurred in a hospital or institution, give its name instead instead of street and number.) 2. FULL NAME RECORD .....St. (a) Residence. (If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds. (Usual place of abode)
Length of residence it city or town where death occurred mog MEDICAL CERTIFICATE OF DEATH classified. PERSONAL AND STATISTICAL PARTICULARS 5 Single, Married, Widowed, 16 DATE OF DEATH 3 SEX 4 COLOR/JOR RACE or Divorced (write the word) (Month) properly 5a If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from (or) WIFE of AGE that I last saw h..... alive on 6 DATE OF BIRTH (month, day and year) and that death occurred, on the date stated above, at _ 7 AGE Years Months Days If LESS than supplied day hrs. min. 8 OCCUPATION OF DECEASED back (a) Trade, profession, or particular kind of work nin (b) General nature of industry, business, or establishment in which employed (or employer) CONTRIBUTORY terms, instructions (c) Name of employer (Secondary) ... (duration) ..... yrs. .... mos. .... 9 BIRTHPLACE (city or town) ... 18 Where was disease contracted if not at place of death?...... plain (State or country) Did an operation precede death?..... Date of .... 10 NAME OF FATHER Was there an autopsy? ..... DEATH What test confirmed fagnosis 11 BIRTHPLACE OF F (State or country) important. (Slaned) 12 MAIDEN NAME OF OF. DISEASE CAUSING DEATH, or in deaths from VIO-*State the CAUSE LENT CAUSES, state (1) MEANS AND NATURE OF INJURY. 13 BIRTHPLACE OF MOTHE (State or country) and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Cremation, or Removal Date of Burial Place of Burlal. Informant state UPATION (Address) 20. Undertaker ould Registrar

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Do not accept a certificate of death signed only by a midwife.

PERMANENT RECORD RETURN must be made for irth stated.	County of Benner RECEIVED JUL 3 1927  City of Sandpoint Idahe  No.791104009 495 St. Registration District  Hospital Page Primary Registration  FULL NAME OF CHILD Baby Graves	STATE OF IDAHO PARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS  CERTIFICATE OF BIRTH  152765  t No			
RETUI	Sex of Triplet and in order	Legiti- Date of birth. June 24 192			
ATE of b	Child Male or other?   of birth   To be answered only in event of plural birth	(Month) (Day) (Year)			
SEPAR order	What bactericidal solution was used in eyes?	^			
<u>,</u>	Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child of this mother, including present birth U Number of child	FULL MOTHER NAME Madeline Prew			
# E E	RESIDENCE Sandpoint Idaho	RESIDENCE Sandpoint daho			
UNFADING At umber of	color white AGE AT LAST 21 (Years)	COLOR AGE AT LAST 18 BIRTHDAY (Years)			
H UNI	BIRTHPLACE Ludington Wis.	BIRTHPLACE Sandpoint Idaho			
the late	OCCUPATION Laborer	OCCUPATION Housewife			
WRITE PLAINLY WING BY. B.—In case of more than each and it	I hereby certify that I attended the birth of this chion the date above stated.	(Physician or midwife)			

KEEL TO SEPARA NEOF PUBLIC WELFARE AUTO TO THE LATER TO THE GENTLEIGATE OF HERTE Hospital Inge Primary Registration District No. 2. Colonelles of Recisirary No. FULL NAME OF CRILD SECY Graves (Certificars of the value walbout full make of some in staff Legist. and in weder it of J 389 Y · STACE district to 1 . Es be suswered only in event of plure! hirthal has be oterfeided sobetton was used in eyes? ..... £020 Namber of child of this prother, incinding progress torth. . Q ... . Number of shild of this norther now living, including present faith ... MOTHER FATHER Madel of Praw Lawspace B Graves RESIDENCE Sersion traders Candyciat idaha BIRTHPLACE Ludirgter Tis. olive ado: 19TOGAL CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. Lecrobs certify the I attend the birth of this child, who was still then 1 of 5.30 on the date above shired. When there was no attending physician or midwife, then the father, householder, ota, about make this return A stillborn the author breathes not (Physician or millwife) it we there ever more in the after birth. by commer added them a supplemental report. Address 281 Registrar.

STATE OF IDAHO RECEIVED JUL 5 1927 STATE OF IDAHO
DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH 57912 State File No..... CERTIFICATE OF DEATH County of 1 Registration District No..... Local Registrar's No... EXACTLY, Pact statement City of Sand Primary Registration District No. 2/55 RECORD (If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME..... (a) Residence, No..... (If nonresident give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH 5. Single, Married, Widowed, COLOR OR RACE 8. SEX or Divorced (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY. That I attended discensed from (or) WIFE of 6. DATE OF BIRTH (month, day and year) If LEGS than 1 day. 7. AGE Months Days 7 and that death occurred, on the date stated above, at-The CAUSE OF DEATH* was as follows OCCUPATION OF DECEASED (a) Trude, profession, or particular kind of work (h) General nature of industry, business, or establishment in which employed (or employer) .....(duration) CONTRIBUTORY (c) Name of employer (Secondary) (duration) ____yrs. ___mos. ___ 9. BIRTHPLACE (city or town) 18. Where was disease contracted (State or country) if not at place of death? .... Date of_ 10. NAME-OF FATHER Did an operation precede death?..... Was there an autopay? ___ What test confirmed diagnosis? 11. BIRTHPLACE OF FATHER (ci (State or Country) *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) WHEELT ACCIDENTAL, SUICIDAL, or HOMICIDAL. .18. BIRTHPLACE OF MOTEER A dis (State or Country) Place of Burial, Cremation, or Removal 17 Date of Burial Informant. (Address) Undertaker Registrar

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Prefer Perfectation District Mr. ... A. A. Local Registrat Line eville to erece that thought on to escape of childs Date of diboat ..... Sin Sie file fie Sunte? "Co federical bearing to room air view becomen a first That have briefled votetion was used in eyes to Allomber of child of this master appropriates, including present buth, Number of child of this mether, including present birth . 🚣 . MOTHER FATHER MAIDEN RESIDENCE AGE AT LAST COLCE ROJOS PIRTHOAY MOLTATION origanies! CERTIFICATE OF ATTENDING PHYSICIAN OF MIDWIFE will make Thereby cortific that I extended the birth of this child, who was I stillboom I or the date above stated. when there was no attending physician or wideric then the factor, how chulder (druisget) all should make this return A still toon culd be one hard but settles been breaked but a story of the after burth. City and an armin flive numer added India a supplemental report

PHYSICIANS should of OCCUPATION is	rorm v. s. No. 5 RECEIVED JUN 2 5 1927  1. PLACE OF DEATH  County of State of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the seco	BUREAU OF VITAL STATISTICS		
NENT RECOR	PERSONAL AND STATISTICAL PARTICULARS  S. SEX  4. COLOR OR BACE  5. SINGLE, MARRIED, WID- OWED OR DIVORCED  (Write the word)	MEDICAL CERTIFICATE OF DEATH 15 9  16, DATE OF DEATH  (Month) (Day) (Year)		
WITH UNFADING INK—THIS IS A PERMA uld be exceptibly supplied. AGE should be state ms, so that it may be properly classified. Ex back of certificate.	(Month) (Day) (Yeaf)  7. AGE  (Month) (Day) (Yeaf)  7. AGE  (Month) (Day) (Yeaf)  7. AGE  (Month) (Day) (Yeaf)  15 LESS than 1 day how many hrs. or min.?  8. OCCUPATION  (a) Trade, profession of particular kind of work  (b) General nature of in- dustry, business or estab- lishment in which employ- ed (or employer)  9. BIRTHPLACE (State or Country) data  10. NAME OF Father	17. I HEREBY CERTIFY, That I attended deceased from  1927 to 70 1927  that I last saw him alive on 1927, and that death occurred on the date stated above, at M.  The CAUSE OF DEATH* was as follows:  5 months forter  Contributory (Secondary)  (Signed)  (Signed)  (Signed)  (Address)  (Address)		
CAUSI importa	11. BIRTHPLACE OF FATHER (State or Country)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER (State or Country)  14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)  15. Filed  19  10  10  10  11  12  13  14  15  15  15  16  17  18  18  18  18  18  18  18  18  18	*State the Disease Causing Death; or in deaths from Viol Causes, state (1) Means of Injury; and (2) whether Acciden Suicidal or Homicidal.  18. LENGTH OF RESIDENCE (For Hospitals, Institution Transients or Recent Residents.)  At place In the of death yrs. mos. days. State yrs. mos. mos. mos. where was disease contracted		

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City of No238 1030	RECEIVED JUL	_ E	SUREAU OF VITA	UBLIC WELFARE	S
N.238 1030	16122			State File No. 15	286
No. 30 7030					
Hospital	Primar	y Registration	District No. 2.	9 Local Registrar's N	0.349
FULL NAME OF	CHILD	J.	horro	wer .	
- s		Certificate of	no value without	full name of child)	
Hospital	Triplet and {	Number in order of birth event of plural birthe	Legiti- mate?	birth Month (Day)	192 (Year)
What bactericidal Number of child of th	solution was used in ey		7	2000	
What bactericidal Number of child of th	is mother, including present birth.	2	// // and a	er now living, including present b	inh 2
NAME	FATHER		FULL MAIDEN NAME	MOTHER	7
RESIDENCE	Berley		RESIDENCE	Burley	
COLOR	ite AGE AT LAS		color 20 fr	AGE AT LAST	
BIRTHPLACE	asser 1	000	BIRTHPLACE	1 Day De	La Do
OCCUPATION	4 00000	11	OCCUPATION	Lubein	14-
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when there we or midwife, the etc., should ma	ras no attending physicien the father, household he this return. A stillbothat neither breathes n idence of life after birth.	orn	ture)//_	a ella	e
Give names added	i from a supplemental re	port. 192 Addres	s 3	(Physician or midwife)	71
	Registr		hme 22 192	7 22.1.0	Registrar

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RECEIVED JUL 1	STATE OF IDA	HO C WELFARE	DO NOT WRITE I	IN THIS SPACE
PLACE OF DEATH	BUREAU OF VITAL ST			57059
2. FULL NAME	Primary Registration District (No	No. 2. 196	(A E.M (.N. D.E. OCC servation is (.redmun i distincts of various pu a olies to each sad as	's No. 9//
(a) Residence. No	ne words to	o mret to brow eigh	(If nonresident give city o	r town and State)
PERSONAL AND STATISTIC		rea and (d) see here:	AL CERTIFICATE OF D	Zorica D ·
4. COLOR OR RACE	5. Single, Married, Widowed, or Divorced (write the word)	d bluods it strement	ided for Myc latter sta	vorq 195
5a. If married, widowed, or divorced HUSBAND of	automobile Sanstoins or t	(a) Forenges (b)	(Month) (Day FIFY, That I attended dece	(11)
6. DATE OF BIRTH (month, day and year) 7. AGE Years Months 8. OCCUPATION OF DECEASED	Days If LESS than 1 day, hrs. or min.	that I last saw h	d, on the date stated above,	197 193 193
(b) General nature of industry, business, or establishment in which employed (or employer)	Harrist gaineral (1970) Favi	ing i sauni bersethini	(duration) yr	s. mos.
9. BIRTHPLACE (city or town) (State or country)	Suntaine ) & sho	18. Where was diseas	e contracted	75.01
10. NAME OF FATHER  11. BIRTHPLACE OF FATHER (city of (State or Country)  12. MAIDEN NAME OF MOTHER	r town) Muskly Loa		ede death? Date o	Bar M.
Z 12. MAIDEN NAME OF MOTHER	Sect a William on	y od wodowa bor, 19	(Address)	in ly
13. BIRTHPLACE OF MOTHER (city or town)		*State the DISEASE CAUSES, state (1) I whether ACCIDENTA	CAUSING DEATH, or in MEANS AND NATURE O L, SUICIDAL, or HOMICI	deaths from VIOLE OF INJURY, and IDAL.
14. Informant (Address)	e medical microsoft	19. Place of Burial, C	07000	Date of Burial Alery 3 19
15. Filed Janu 15, 19 27	la J. C. Pattus Registrar	20. Undertaker	Vme	Address

MARGIN RESERVED FOR BINDING

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

PLACE OF BIRTH FIVED OFFACT OF TOATE RECORD be made for RTMENT OF PUBLIC WELFARE County of .... BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH State File No... Registration District No... (If born in hospital or institution Prim. Registration District No. 2183 Local Registrar's No. 54 give name.) FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Number Sex of Date of Legiti-Triplet in order Childor other? birth of hirth mate? (To be answered only in event of plural births) (Month) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum? U Number of child of this mother, including present birth. (a) Born alive and now living... Born alive but now dead... Stillborn MOTHER FIII.I. FULL MAIDEN NAME Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State. Color or race Age at last Birthday Color or race... Age at last Birthday Birthplace Q. Birthplace (City and State or Country) (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWAY I hereby certify that I attended the birth of this child, who was Stillforn on the date above stated. (Signature) *Where there was no attending physician or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

HE TO UNITED Print: With the Dietrice No. of China, house Registrate THE WAR OF CHILD estimate attention the west statement has named at lites: Tried to the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the factor of the fac are seems there was used to provent Ostehalmis Kaunatorum? Manhor in child of this melber, installing present to the comment of the and now it was Mora ston int new dead 2:21(9-7)} Michigan !! found place of about ! Land. !! West-Horses (Usual mines of a hope of It rended by a five since and the endiance of the conference of the property of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the price of the in the property and the contract of Contract Sengarion Like CONTROLLE OF VLETCINO BURSION'S OF EIR "I hereby confify that I arrepfed the birth of this child, who was in log the date above stated. There there was an alongine physician or padwife, than the father, househelder, THE RESERVE AND ADDRESS. etc. ebecifi me ite tales neture. A etilizore port sectioned with its July son of hitte shows other evidence of life other than

PHYSICIANS tatement	1. PLACE OF DEATH.  Registration District No	TE OF DEATH. 57983 State of Idaho BOARD OF HEALTH Bureau of Vital Statistics			
		istrict No. 2/83 File No. /0			
IX.	City of ATTO	St.) Registered No.			
ORD. NOTLY, PI Exact state	if death occurs away from usual residence, give facts called for under special information.  2. FULL NAME ( Stull)	If death occurred in a hos-			
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
TENT REC stated EX. lassified, certificate	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OWED OR DIVORCED.  (Write the word.)	16. DATE OF DEATH			
MAN To be	6. DATE OF BIRTH.	(Month) (Day) (Year)			
A PERM should properl on back	June 24 1927 (Month) (Day) (Year	17. I HEREBY CERTIFY, That I attended deceased from			
BIND S IS / NGE a y be	7. AGE UF LESS than 1 da	y that I last saw halive on191,			
HIS AG may	Yrs	and that death occured on the date stated above, at			
E E S E	8. OCCUPATION	The CAUSE OF DEATH* was as follows:			
NK. Pppl splint se i	(a) Trade, profession or particular kind of work (b) General nature of in-	Zukuwa			
ERVE ING I Ily su 3, so t	dustry, business, or estab- lishment in which employ- ed (or employer)				
RESERVIFADING Sarefully terms, so mportant.	9. BIRTHPLACE (State or Country)	(Duration) Yrs, mos. ds.			
NIE BER	10. NAME OF PATHER	(Secondary)			
AR Litter Budd S ve	Trank Torsman	(Signed) (Signed) (Signed) (Signed)			
LY, Won short	11. BIRTHPLACE OF FATHER OF O	6/24/1927 (Address) Sattemen Sla,			
と通貨を	(State or Country) ( fferest law the	*State the Dimense Causing Dearts; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.			
r PLAI nforma g OF D	OF MOTHER LATE				
rree Por Info	13. BIRTHPLACE OF MOTHER	18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)  At place  In the			
WRI	(State or Country) Salem. So. Dak.	of deathyrsmosdays. Stateyrsmosdays			
i i i i i i i i i i i i i i i i i i i	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of death:			
ery I sta	(Informant) Transf Toron Can	Former or usual residence			
3.—Every should st	(Address) Callannood, Sha	19. PLACE OF BURIAL OR REMOVAL DATE/OF BURIAL			
H L de	15.	Catterwood, Ida 6/24 10177			
z	Filed Local Registra  Local Registra	trank Joesman Sign			

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RECORD be made for STATE OF IDAHO PUBLIC WELFARE County of. VITAL STATISTICS BUREAU OF City of Sh un CERTIFICATE OF BIRTH No. .... PERMANENT SETURN must Registration District No....4 State File No. (If born in hospital or institution Prim. Registration District No......Local Registrar's No..... give name.) (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Legiti-Sex of Triplet in order birth IS A Child or other? of birth mate? U (To be answered only in event of plural births) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum?...... Number of child of this mother, including present birth... ___ (a) Born alive and now living. Born alive but now dead. Stillborn FATHER MOTHER FULL birth each. MAIDEN Residence (Usual place of abode) ..... Residence (Usual place of abode) UNFADI one child If nonresident, give place and State. If nonresident, give place and State. Age at last Birthday. ....Age at last Birthday... Color or race (Years) Birthplace (City and State or Country) the O (City and State or Country) a a a a a Occupation more ch an PLAINLY I hereby certify that I attended the birth of this child, who was \ on the date above stated. (Signature) case *Where there was no attending physician (Physician or midwife) or midwife, then the father, householder, WRITE etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.

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732	STATE OF IDAH PROPERTY OF PUBLIC BUREAU OF VITAL STA			WELFARE DO NOT WRITE IN TH		IN THIS SPACE		
	PREE	ENDER THOM SO I	BUREAU O	ATISTICS	57986			
~ S20	County of Kooley a				DEATH	JEATH State File No		
TER	•	Llova	Registration Distr	ict No	4.5	Local Registra	ar's No 6	
ent,	City of Alace	marine production	Primary Registra	tion District	No			
F RECORD 7 ed EXACTLY, 1 Exact statement	•		(No	tution since its	name instead of street and	)		
RECORD EXACT sect state	•	(If death occurr			Wark	e number.		
S E E	2. FULL NAM	E Still	arch (19	sky 1	wous,		*** ***	
E E	(a) Residen	nce. No			St	(If nonresident give city	or town and State)	
ENT L	Length of residence	e in city or town where de	ath occurred. yrs.	mos. ds.	How long in U. S., if	of foreign birth?	rs. mos. ds.	
Fig. AN	PEF	RSONAL AND STATISTIC	OAL PARTICULARS		MEDIC	AL CERTIFICATE OF	DEATH \	
BINDING IS A PERMANENT F AGE should be stated properly classified. Ex	s. sex	4. COLOR OR RACE	or Divorced (write	Widowed, the word)	16. DATE OF DEAT	may 14	1927	
Par Par	701	ww.	1 Sugl	<b></b>		(Month) (1	Day) (Year)	
E E E	5a. If married, with HUSBAND (or) WIFE	of	•		17. I HEREBY CERTIFY, That I attended deceased from			
BIN IS AGE prope	······································		AA 444	16000	***************************************	, 19, to	, 19	
<b>8. B</b> ≯	6. DATE OF BIRTH (month, day and year) 7. AGE Years Months		Days If LESS than 1 hay,			alive on	•	
t a ge	7. AGE	Years Months		hrs. or	}	ed, on the date stated abo	ve, atm.	
CVED INK—			0	min.	The CAUSE OF DEA	ATH* was as follows:		
	8. OCCUPATION OF DECEASED			Sta	Murth	***************************************		
	(a) Trade, pro particular kind	of work						
FADIN carefull s, so th	(b) General nature of industry, business, or establishment in which employed (or employer)							
	(c) Name of				CONTRIBUTORY			
a ∵		0.	<del></del>	1		(duration)	_yrsds.	
M. WITH Should plain ction	9. BIRTHPLACE (city or town) Special Research (State or country)			18. Where was disease contracted if not at place of death?				
	10. NAME OF	FATHER OLL A	e Wark			ede death?Dat	e of	
PLAINLY information DEATH i	70		, ,		Was there an autops		MINERT - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL - MINERAL	
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WRITE m of i ise of	12. MAIDEN	NAME OF MOTHER	lara Pro	zet		, Apr	out rate rec	
WRI item o AUSE importa	13. BIRTHPL (State or C	ACE OF MOTHER (city country)	or town) Mary	Caus (	CAUSES, state (1) whether ACCIDENTA	E CAUSING DEATH, or MEANS AND NATURI AL, SUICIDAL, or <b>HOM</b>	in deaths from VIOLENT OF INJURY, and (2)	
	14.	1/20 10, 1.	Hughes		19. Place of Burial,	Cremation, or Removal	Date of Burial	
Every state ( is very	Informant	Jan 18	n ke dala		Spereth	are tole	may 15-1027	
8.5.7 2.3	15. 4./	The same	11 10 51		20. Undertaker	74.	Address	
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DUTY OF LOCAL REGISTRARS-Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

> Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

	215-126:035-764	
<b>γ</b>	PLACE OF BUTH	Form V. S. No. 11-C25m-7-21-1 STATE OF IDAHO BREAU OF VITAL STATISTICS
4		ERTIFICATE OF BIRTH
ORD for	City of Lafarace Registration District	No. /28 No. 153143
RECORD made for	NoSt. Cu clud	re of lienty
VENT	Hospital Primary Registration	$\mathcal{N}_{\bullet}$
PERMANENT FURN must be stated.	FULL NAME OF CHILD CROSSES	Place
A SE	Sex of Child Triplet or other? and order or other? To be answered only in event of plural bi	irths) Legiti YEO, Date of May 26 192 (Hoar) (Day) (Year)
HIS IS RATE or of b	FULL FATHER and,	FULL MOTHER MOTHER MOTHER MAIDEN COURKE
INK—THIS I A SEPARA' h, in order o	RESIDENCE Lapini Idako	RESIDENCE Lapuai Idaha
	COLOR TURE HAGE AT LAST 47 BIRTHDAY (YOURS)	COLOR Judian 1/4 AGE AT LAST 37 SIRTHDAY (Years)
	BIRTHPLACE John	BIRTHPLACE Jako,
	OCCUPATION Johnus	OCCUPATION Houseenfe
WIT WIT than nd th	Number of child of this mother, including present birth Number	er of children of this mother now living, including present hirth.
PLAINLY He of more	CERTIFICATE OF ATTENDIN  I hereby certify that I attended the birth of this child, who was	IG PHYSICIAN OR GIDWIFE.
IV.	on the date above stated.	(Born alive or stillborn)
E Sale	*When there was no attending physician or midwife then the father, householder, etc., (Signature	poor see min
WRITE PLA B.—In case of	should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Theprecent apriar Idal
z.	Given names added from a supplemental report.	(Physician or midwife)
	19 Address	
	Filed No.	127 George Juguer 1
	Registrar	Registrar

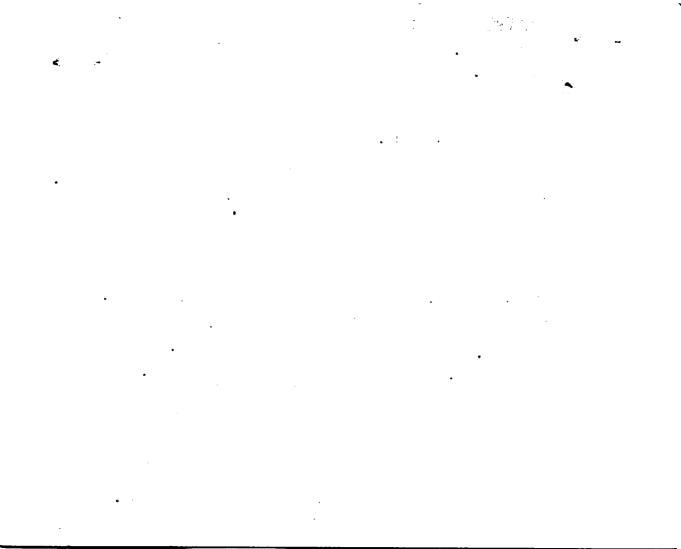
RTIPICATE OF BIRTH itian. . Charge MADELL RESIDENCE BIRTHFLACE じょぼんいじじじゅ ember . Alto of the mother help has present birth CERTIFICATE CIF AT FENO t horeby accrife that I arounded the hirth of this while and . Suite soute sint all ar When there was no growth (, thysician of tricks for the first to the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the first control of the fir Il en narren nåted from a angelemental ret ett. 80.00 23. B.A.

FORM V. S. NREGELVED 13 1 2 7 State of Idaho CERTIFICATE OF BOARD OF HEALTH Bureau of Vital Statistics Registration District No. File No. 58040 County of Registration District City of Registered No. .... if death occurs away from If death occurred in a hosusual residence, give facts pital, institution or camp, give its NAME instead of called for under special information. street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-OWED OR DIVORCED. 16. DATE OF DEA the the word.) 6. DATE OF BIRTH (Month) (Day) That I attended deceased from (Day) (Year) 7. AGE IF LESS than 1 day that I last saw h how many ...... hrs. or and that death occured on the date stated above, at ......Yrs........Mos......ds. ..... min.? 8. OCCUPATION (a) Trade, profession or particular kind of work...... (b) General nature of industry, business, or establishment in which employed (or employer)..... (Duration) 9. BIRTHPLACE Contributory (State or Country) (Secondary) 10. NAME OF FATHER (Signed) 11. BERTHPLACE OF FATHER (State or Country) *State the DISEASE CAUSING DEATE, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL. 12. MAIDEN NAME OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER At place In the of death.....yrs.....mos.....days. State.....yrs.....mos.....days (State or Country Where was disease contracted 14. THE ABOVE if not at place of death?..... Former or (Informant) usual residence **DATE** OF BURIAL (Address) 15. 20. UNDER

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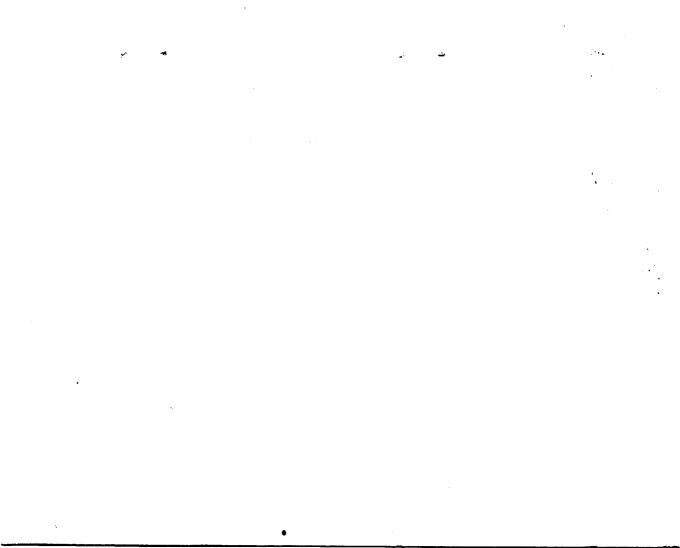
1. PLACE OF DEATH  Registration District No  Primary Registration Dis	trict No. 237/ File No. 58021
If death occurs away from usual residence, give facts called for under special in- formation.  2. FULL NAME	If death occurred in a hoppital, institution or camp, give its NAME instead of street and number.
called for under special in-	pital, institution or camp, give its NAME instead of
(State or Country)  14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  15.  Filed 4-4-  1927  Local Registrar	of death yrs mos days. State yrs mos days  Where was disease contracted if not at place of death?  Former or usual residence  19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ALWASON 4-5-192-7  20. UNDERTAKER  ADDRESS
	1. PLACE OF DEATH  County of Peace Primary Registration District No.  County of Peace Primary Registration District No.  City of No. No. No. No. No. No. No. No. No. No.

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REFOR MECEIVED JUL 5 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of CERTIFICATE OF BIRTH 153178 City of Registration District No..... State File No..... PERMANENT BEFFURN must blirth stated. Primary Registration District No. 200 Local Registrar's No. 84 Hospital ..... FULL NAME OF CHILD. (Certificate of no value without full name of child) Number Twin Date of Legiti-Sex of a Triplet in order hirth K—THIS IS A Child or other? of birth matel (Month) (To be answered only in event of plural births) (Dav (Yean What bactericidal solution was used in eyes? Number of child of this mother, including present birth Number of child of this mother now living, including present birth. FULL MAIDEN NAME NAME RESIDENCE RESIDENCE COLOR COLOR number (Years (Years) BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDW Bore WRITE PLAINLY I hereby certify that I attended the birth of this child, who was I Stillborn on the date above stated. *When there was no attending physician or midwife, then the father, householder, (Signature) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or mid/wife) Give names added from a supplemental report. Address Filed. Registrar.



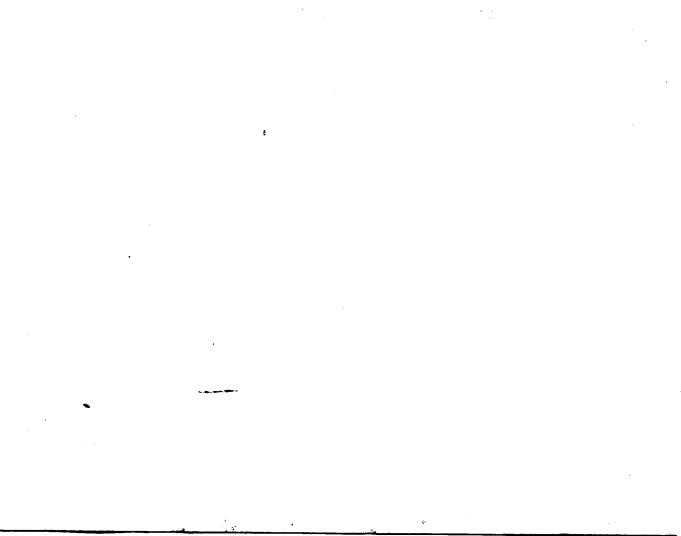
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DRATH riffcate.	1. PLACE OF DEATH  RECEIVED JUL 5 1927 ERTIFICA Registration District No	BUARD OF BEAUTH
10 g	County of Primary Registration Dist	
AUSE back of		St.) Registered No
late CAU as on bad	If death occurs away from usual residence, give facts called for under special information.  2. FULL NAME	If death occurred in a hospital, institution or camp, give its NAME instead of street and number.
ald a	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
RECORD CIANS she E. See instr	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID- OWED OR DIVORCED  (Write the word.)	16. DATE OF DEATH
INT IYE	6. DATE OF BIRTH	(Month) (Day) (Year)
PERMANE CTLY, PH	(Month) (Day) (Year)	17. I HEREBY CERTIFY, That I attended deceased from
9 - 4	7. AGE  IF LESS than 1 day how many	that I last saw h alive on
IS A STORY	Yra Mos. ds. er min.?	and that death occurred on the date stated above, atM.
THIS THIS	8. OCCUPATION	The CAUSE OF DEATH* was as follows:
MA TAN	(a) Trade, profession or particular kind of work.	aufama.
ESERVED ING INK- AGE aboul	(b) General nature of in- dustry, business or estab- lishment in which employ- ed (or employer)	full think
MA ST	9. BIRTHPLACE	(Duration) Yrs, mos. ds.
UNP.	(State or Country) Mulas John	(Secondary)
MARG WITH UI ully supplied.	10. NAME OF Rechard . Ears	(Duration) yrs. mos. ds.
[ · \frac{1}{2} \frac{1}{2}	11. BIRTHPLACE OF FATHER	(Signed)
INI Fee	(State or Country) Maled Isla	19. (Address)
B PLAINLY should be can reperly classi	19. MATDEN NAME OF MOTHER Rochel	*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Romicidal.
/RITE fon sh be pre	18. BIRTHPLACE	18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)
Bay to the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o	OF MOTHER	At place In the of death yrs mos days. State yrs mos days
info	(State or Country)  14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted
F.S.	R. 1 1 0 5	if not at place of death?
item ', so	(Informant)	Former or usual residence
B.—Every item plain terms, so	(Address)	19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 0/201927
Half Lisi	Filed Local Registrar	20 UNDERTAKER ADDRESS
ZS	SYMS-YORK CO., PRINTERS & BINDERS, BOURT 51088	J. Fry Bernan Waladda
		` <b>t</b>

STATEMENT OF OCCUPATION .-- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

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"Coma," "Convulsions," "Debility," ("Congenital," "Senile,"
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	PECFIVED JUL 5 1927	
	PLACE OF BECEIVED JUL 5 1927	STATE OF IDAHO
_ق	ILLYN DEPA	RTMENT OF PUBLIC WELFARE
. E e		JREAU OF VITAL STATISTICS
	City of Castleful	KEAU OF VIIAL BIAILBIIOS
RECORD be made for	City of	CERTIFICATE OF BIRTH
22	No St.	42 180000
PERMANENT I RETURN must b th stated.	2352/7.042-296 Registration Dist	rict No. 34 State File No. 153232
7 3	3/3 a//10 72 - 01/0 Registration Disc	- / ^-
	(If born in hospital or institution give name.)	n District No. 2. 0 2.7 Local Registrar's No
AZ-F	X #:000_	
<b>75.5</b>	FULL NAME OF CHILD	
땑든감	(If stillborn, sul	estitute the word "Stillbirth" for name of child)
	Sex of Twin Number	Legiti- Date of 6-17
A P FER birth	Sex of Triplet and in order or other?	mate % birth 19
<b>P.E.</b>	(To be answered only in event of plural b	irths) (Month) (Day) (Year)
IS IS ARA er of	What prophylactic was used to prevent Ophthalmia Neo	natorum? ( )
S.A. T.		
-THIS SEPA order	Number of child of this mother, including present birth	(a) Born alive and now living
	Born alive but now dead.	Stillborn
J #.#	O O FATHER	FULL MOTHER
	FULL A) B Contract	MAIDEN / // A / / A / A
birth each,	NAME OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY	NAME TO THE TOTAL OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY
•	Residence (Usual place of abode)	Residence (Usual place of abode)
DIN E at	Residence (Usual place of abode)	
FAD child nber	If nonresident, give place and State	If nonresident, give place and State
UNFAI me child number	Color or race W Age at last Birthday 4/3	Color or race (1) Age at last Birthday
	Color or race Age at last Birthday (Years)	(Years)
	Birthplace VVC	Birthplace (City and State or Country)
· •	(City and State or Country)	Occupation Aruseur
	Occupation	
	CERTIFICATE OF ATTENDIN	IG PHYSICIAN OR MIDWIFE
	we a second of this sh	Stillborn Sold M
Sit	I hereby certify that I attended the birth of this ch	III, WIIO WAS ( SUITOOTII )
Z S	on the date above stated.	nature)
79	(Sign	Bruite)
PLA	( *Where there was no attending physician )	
•	Where there was no attending physicians	(Physician or midwide)
25	or midwife, then the father, householder,	(K. h.) Francisco
₩.	etc., should make this return. A stillborn	ess // UN
WRITE B.—In	child is one that neither breathes nor	1.30 mg (17) 11 11 11 11 11 11 11 11 11 11 11 11 11
ż	shows other evidence of life after birth.   Filed	1927 July Wife Registrar.
<b>~</b>		/ / rvegistrat.
	II .	I.



SEASE OF IDAGO PUBLIC WELFARE BUREAU OF VIRALISTICS Powinten State No. State File No. Frim Registration Digitics No. Admin. Local Registrate in PULL NAME OF CUILD ile exilibore propertiente the word "Scillebrid" for nome of child or silet. What neodytactic was used to prevent Ophinalacia Monatorum? Station Land Harr agree but new dead.... FATHME Les liveres (Usual place of about) - Lakel. Trinition's (Used place of abode) in adheendent, who plear and their Sieti playe .... (City and State or Country) City and State or Country! Total mountagenso STATE OF ATTRACES PRESCRIPTION OF THE WIFE I hereby certify that I attended the high of this shift, who was I mentary los the fate above sizied. Where there was no ottending physician and the second or nidwife, then the father, householder, sto, should make this return. A stillborn child is one that neither breather no: The factorial ob mesother evidence of life after pirtle

ORD. FOR CIANG	FORM V. S. No. RECEIVED 3 JUN 16 192  1. — PLACE OF DEATH.  County of Washing Primary Registration District No.  If death occurs away from usual residence, give facts called for under special information.  CERTIFICAL  (No. Segistration District No. Primary Registration District No. Segistration District	Burel istrict No. 2//2 File N St.) Registe  If d pita give	State of Idaho ARD OF HEALTH au of Vital Statistics o. 58103 ered No. eath occurred in a hostinstitution or camp, its NAME instead of the and number.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact st of OCCUPATION is very important. See instructions on back of certificate.	OWED OR DIVORCED.  Write the word.)  6. DATE OF BIRTH.  Norch 25  (Month) (Day) (Year)  7. AGE  Clebon IF LESS than 1 day how many	(Month)  (I)  17. I HEREBY CERTIEY, That I at 19 19 19 19 19 19 19 19 19 19 19 19 19	mos ds.  HNOS ds.  WYSLENT CAUSES, state (1) DAL or HOMICIDAL.  Hospitals, Institutions,  yrsmosdays

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STATE OF TH MALANCE DESIGNATION WITH THE MALANCE CERTIFICATE OF BIN Stoke Mie Mu. Doglateston Deutlet Mo restriction of no value without tall game of childs Date of radent. " whiter art dirle dride To be mowered only in event of considerinal What ineterledal solution was used in excel. ... Eddle & ........ Number of child of this mather; inshalling provest, hirthan access. Mannes of child of this mather new living, including opposit birth MAME BIRTHUAY CERTIFICATE OF ATTENDING PHYSICIAN OR MICHE I beggdy couldy that I attended the birth of tale phild, who was [ subborn on the date allow southed. When there was no attending physician or hidwife, then the father, househorder, simuld make this return A stilborn In one that neither prestnes nor (Physican or midwife) shows other existence of life after birth. der tunier adder from a sunblemental report.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH County of ada CERTIFICATE OF DEATH State File No.... Registration District No..... City of Boise Local Registrar's No. / 2 Primary Registration District No ..... (If death occurred in a hospital or institution, give its name instead of street Residence. (If nonresident give city or town and State) (Usual place of abode) ds. How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH 5. Single, Married, Widowed, 4. COLOR OR RACE If married, widowed, or divorced HUSBAND of (or) WIFE of 17. I HEREBY CERTIFY, That I attended deceased from that I last saw hell alive on 2 6. DATE OF BIRTH (month, day and year) Months 7. AGE and that death occurred, on the date stated above, at ..... The CAUSE OF DEATH* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in (duration) .....yrs. ....mos. which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) _____(duration) _____yrs. ____mos. ds BIRTHPLACE (city or 18. Where was disease contracted (State or country) if not at place of death? O Date of_____ 10. NAME OF FATHER Did an operation precede death?..... Was there an autopsy? ... 11. BIRTHPLACE OF FATHER (city or town What test confirmed diagnosis? (State or Country) *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 13. BIRTHPLACE OF MOTHER (city or town). (State or Country) Date of Burial Informant (Address) Address

RECEIVED AUG 6

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman." "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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"Shock" "Urasmia," "Washpase," at a whon a deficit to "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

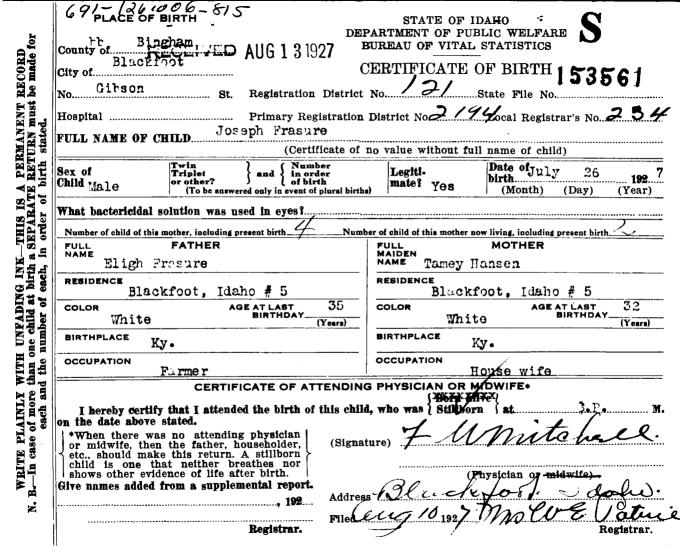
DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.



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ឌ្ឋ		EAU OF VITAL STATIST	חותם	
TANS 00	TLACE OF DEATH	ERTIFICATE OF DEAT	1 '3	<u>8200                                   </u>
SIC	County of Sungham Registrati	on District No.		111
H.Y.	County of County of Primary Registration District No.  Primary Registration District No.  (No.  (No.  (If death occurred in a hospital or institution, give its name instead instead (Usual place of abode)  (Usual place of abode)			No.
E E	(No			
LY		(If death occurred a hospital or institution, give its name instead instead of street and number.)		
et can	2. FULL NAME JUSTON TOUR	ugy		
RECORD I EXACTLY Exact sta	(a) Residence. No	I weer valor	(If nonresident give city	on form and Giotol
~ ·	Length of residence in city or town where death occur	ed yrs. mos. ds. H	low long in U. S., if of foreign birth?	yrs. mos. ds.
KANENT 1 l be stated classified,	PERSONAL AND STATISTICAL PART	CULARS	MEDICAL CERTIFICATE OF	EATH
ANE be s lassi	3 SEX 4 COLOR OR RACE 5 Single,	farried, Widowed, 16 DA	TE OF DEATH	
	mul want	na (	July ne	<u>1927</u>
PERM should perly c	5a If married, widowed, or divorced		(Month) (Day)	(Yeaf)
<b></b>	HUSBAND of (or) WIFE of	11)	/ I HEREBY CERTIFY, The I a	tended deceased from
ied. AGE a lay be propertificate.	(0) 000 200	100	192 7, to Jal	200, 1027
S I A A be	6 DATE OF BIRTH (month, day and year)	(that I	ast saw land alive on	
THI plied. may cert	7 AGE Years Months Days	If LESS than and the	at death occurred, on the date stated a	bove, at m.
, E #			AUSE OF DEATH* was as follows:	
NK. sul k	8 OCCUPATION OF DECEASED	B		
G IN ally s that back	(a) Trade, profession, or particular kind of work	VOF.	200:-	
ADING carefulls, so the	(b) General nature of Industry, business, or establishment in		(duration) yrs.	mos ds.
Car car is,	which employed (or employer)	CONTE	RIBUTORY Compressed our	Ŀ
De ceerms,	(0) that of one project	(Sec	condary)	_
اغبقا	9 BIRTHPLACE (city or town)	NUM 19 Wh	(duration) yrs.	ds.
TTH should plain instr	(State or country)		ot at place of death?	
See See	10 NAME OF FATHER		operation precede death? 222. Date	of
K H	9 11 BIRTHPLACE OF FATHER (city/or town)		nere an autopsy?	······································
It AT	(State or country)	1	ned)	tall 1 . v . ca
LAI offor ortan	K	- Opig	La M. 1977 (Address)	od ded o duly
E PLAIN of inform OF DEAT important	12 MAIDEN NAME OF MOTHER	timeen f	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
T. H.	13 BIRTHPLACE OF MOTHER (city or town)	/ 11	the DISEASE CAUSING DEATH, or	
WRIT item AUSE very	(State or country)		CAUSES, state (1) MEANS AND NA ) whether ACCIDENTAL, SUICIDAL. or	
გ ^ე .ფ	14 Informant & A Resur	19 19	ce of Burial, Cremation, or Removal	Date of Burial
20 0	(Address)	6 1 h	0 0	19
N. B.—Eveshould stat	Ji Hay	20, Uno	lertaker /	Address
PA PA	15 Filed July 26 192 ) Mrs Walce	10. Viterie	5 K 7	
Sh. Cu		Registrar	o No / yacont	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficlent. e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using aways the same accepted

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhold fever (never report 'Typhoid Pneumonia'); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of _____ (name origin: "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," 'Convulsions," "Debility," ("Congenital," "Senile," "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock, "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia." "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICID-AL. or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by rallway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

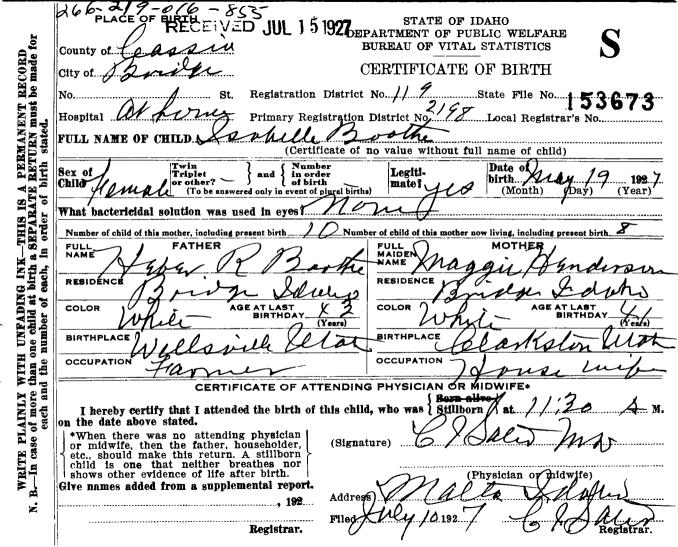
Do not accept a certificate of death signed only by a midwife.

168-228'016 - PLACE OF BIRTH	-855	STATE OF II	DAHO C
County of Cassia	VED <b>JUL 2</b> 51927	PARTMENT OF PUB BUREAU OF VITAL	STATISTICS
City of Golden Valley		CERTIFICATE (	OF BIRTH   53671
No St	Registration District	t No	State File No
Hospital	. Primary Registration	District No. 2194	Local Registrar's No.3653
FULL NAME OF CHILD	Baby Johnstone	*************************************	
	(Certificate of	no value without ful	name of child)
Sex of Child Female Twin Triplet or other?	and Number in order of birth wered only in event of plural birt	Legiti- mate? Yes	Date of 6/28/ birth (Month) (Day) (Year)
What bactericidal solution was	() a		(2007)
Number of child of this mother, including	present birth 9 Nun	aber of child of this mother no	w living, including present birth 7
FULL FATHER NAME Nicholas Johns		FULL MAIDEN	MOTHER e Henry
RESIDENCE Golden Vall	<b>6</b> 7	RESIDENCE	en Valley
	AGE AT LAST 42 BIRTHDAY (Years)	COLOR White	AGE AT LAST 57 BIRTHDAY (Years)
BIRTHPLACE Kansas		BIRTHPLACE Kan	<b>88.8</b>
occupation Farmer		OCCUPATION	Mot Her
I hereby certify that I attended the birth of this child, who was Stillborn 2:30 A. M. on the date above stated.  *When there was no attending physician or midwife, then the father, householder, (Signature)			
etc., should make this return child is one that neither shows other evidence of life	i. A stillborn breathes nor after birth.	(P	M.D. hysician or midwife)
Give names added from a suppl			daha.
	Registrar. Filed.	July 5 1927	Registrar.
11	TACRISIYET.	•	v negistrati.

RECEIVED MEDITAL STATICS CERTIFICATE OF BURTH Registration District No. . . State File No. Primary Registration District No. Local Head Strate No. 1 SELL NAME OF CHILD (Certificate of no value without full name of child) Date of Legiti and in order Brakel (Month) (Yo be appeared only in event of plural hirths) What harterielded selution was used in eyes?..... Names of third of this mother sischafting present birth. Namber of child of this mother non living, including present with MOTHER PULL PATHER MAIDEN Fichelas Johnstone Carrie Heary RESIDENCE RESUDENCE Golden Valley colden valley AGE AT LAST COLOR White BIRTHPLACE BIRTHING ACE Kanses CERTIFICATE OF ATTENDING PHYSICIAN OR ME Liberally cordify that I attended the pisth of this child, who was I the date stated. Purson there was no attending physician or midwife then the father householder, etc. should make this return A stillborn child is one that neither breathes nor (Physician or midwife shows other evidence of life after birth. Give names added from a supplemental report. Address.

OFFICE VED JUL 25 1929 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE RECORD be made for BUREAU OF VITAL STATISTICS County of Toasa CERTIFICATE OF BIRTH 53672 Registration District No...../// State File No..... Primary Registration District No. 2/9/ Local Registrar's No. Hospital ...... FULL NAME OF CHILD..... (Certificate of no value without full name of child) Number Twin Date of Legiti-Sex of Triplet in order birth. Child or other? of birth matef THIS IS A SEPARATE (Month) (Dav) (Year) (To be answered only in event of plural births) Number of child of this mother, including present birth. Number of child of this mother now living, including present birth. MOTHER FATHER FULL 8 H NAME birth each, RESIDENCE 7 AGE AT LAST BIRTHDAY COLOR COLOR one child number BIRTHPLAC WITH than of OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWI WRITE PLAINLY I hereby certify that I attended the birth of this child, who was I Stillborn on the date above stated. *When there was no attending physician (Signature) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Physician or midwi Give names added from a supplemental report. Address Registrar. Registrar.

25 i 32 In THERM CERTIFICATE OF BIRTH 53672 Registration District No. .... State File No. .... Primary Registration District No.ch. Man. Local Resistrar's Mo (Certificate of no vaine without fall uses of child) to atsti. Vammer Lettl. dirid Farum Or office" hill (I'v be answered only id event of plure herbal eterleiden melation was used in over MOTHER PATMER CERTIFICATE OF ATTENDING PHYSICIAN OF I bereby certify that I attended the birth of this child, who was is "When there was no attending physician (Signature) of unidwice, then the father, householder, etc. should make this return A stillborn chied is one that newber breathes nor shows other evidence of life after bitth. (lye names added from a sarolemental report.



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Connty of ... C? STREET, OF STRUCT Rogistration District No. 90 Prim. Registration Dissipet No. 2168 Lecal Red pull and or course stilled eth H at above, where the weed "Suns of the store of child or election to the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of t We want of city of this mechan sachillar process thirth . 2 cen alive and new differences De and a best was built will best TATHER dorsell von All. Maritimes (Ustal-place of abode) La Vella 1 Camelanne (Usual place of abode) TRYEDOLLED LAR. es all monresident, give place and State if maresident, give place and State. . (Che and State or Country) O sametica .... THE THE OF ATTEMENT DESIGNATION OF STATEMENT Thereby certify that I attanded the birth of this child, who was (Signature) *Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child in one that neither breathers nor shows other evidence of life after birth. Inter 25

for	CONTECTIVED AIR S 1977 a	STATE OF IDA  PARTMENT OF PUBL  SUREAU OF VITAL S		
ENT must d.	City of Emmet	CERTIFICATE OF BIRTH 153718  No		
	Hospital Primary Registration  FULL NAME OF CHILD	District NoLocal Registrar's No		
	Sex of Twin and Sumber in order or other? To be answered only in event of plural births	Legiti- mates (12) Date of (2) birth (2)		
E E	What bactericidal solution was used in eyes?  Number of child of this mother, including present birth / Number of child of this mother now living, including present birth /			
INK—I irth a S ich, in	FULL FATHER NAME Victor Kelley	FULL MOTHER MAIDEN CO. Clees Places		
	RESIDENCE Emmett Ida	RESIDENCE		
Child nber	COLOR AGE AT LAST BIRTHDAY O (Years)	BIRTHPLACE  AGE AT LAST BIRTHDAY (Yésrs)		
	OCCUPATION 7	OCCUPATION A CONTRACTOR		
<b>5</b> ₽	CERTIFICATE OF ATTENDING	(Bossell , 30 a		
PLAINLY se of more each an	I hereby certify that I attended the birth of this child on the date above stated.  *When there was no attending physician (Signal	I, who was { Stallbarn { at		
WRITE PLA	or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwife)		
N. B.	Give names added from a supplemental report.  Addres.	8		
<b>F</b> ⊷(	Registrar.	8 1927 Ph. Claysolde Registrar.		

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of RECEIVED CERTIFICATE OF BIRTH City of..... Registration District No......State File No.... Primary Registration District No. 2 Local Registrar's No. /9/ FULL NAME OF CHILD (Certificate of no value without full name of child) Number Date of Legiti-Sex of in order Triplet Child or other? of birth matel (Yeat (Month) (Day) (To be answered only in event of plural births) What bactericidal solution was used in eyes?..... Number of child of this mother, including present birth Number of child of this mother now living, including present birth FULL FULL MAIDEN NAME each. RESIDENCE RESIDENCE COLOR COLOR number (Years) (Years) BIRTHPLACE BIRTHPLACE OCCUPATION \$ CERTIFICATE OF ATTENDING PHYSICIAN OR MA more WRITE PLAINLY I hereby certify that I attended the birth of this child, who wasn' St on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor (Signature) shows other evidence of life after birth. (Physician or midwife) Give names added from a supplemental report. Registrar. Registrar.

OHACL TO THE THE DARRIMENT OF PERLIC WELFARE PERSONAL OF VIEW STANGERS Sound volume (TERTIFICATION METALINET) Registration District No. Seats File No. Primary Registration Distaics No. Co. Lucal Registration in (Certificate of his value without full name of child) Date of Tachara M Legitle That hirth land rad ( in order dried to blid') (I a be-corrected only in event of planel realist at hacterfoldal solution was used in eyes? Number of child of this mother now living, including persons birth. Manchor of child at this capther, including present birth. PATHER MARCEN BIRTHPLACE BIRTHRUADE OCCUPATION MONTAPHON CENTIFICATE OF ATTENDING PHYSICIAN OR MICH I herohy certify that Faffended the pirth of this child, who was I sid on the date above stated. When there weren attending physician or midwife, then the father, householder, etc. should make the retern a stillborn outle is the think and breather not (Physician or midwife) they other evidence of life after birth. to section from a suppliermental report.

FORM V. S. No. 5-A-25M. 1-19. CERTIFICATE OF DEATRECEIVEDEANT SENTION PUBLIC WELFARE BUREAU OF VITAL STATISTICS STATE_OF IDAHO PLACE OF DEATH Registration District No..... State File No. Primary Registration District No. City of..... If leath occurs away from usual residence, give facts pital, institution or camp, give its NAME instead of called for under special in-2. FULL NAME street and number. formation. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR BACE 5. SINGLE, MARRIED, WID-OWED OR DIVORCED 16. DATE OF DEATH (Day) B. DATE OF BIRTH I HEREBY CERTIFY, That I attended deceased from (Year) (Day) 7. AGE IF LESS than 1 day how many _____Yrs.____Mos.___ds..... 8. OCCUPATION (a) Trade, profession or particular kind of work...... (b) General nature of industry. business or estab-(Duration) yrs. mos. ds. lishment in which employed (or employer)..... (Secondary) 9. BIRTHPLACE (State or Country) 10. NAME OF Father 11. BIRTHPLACE *State the Disease Causing Death; or in deaths from Violent OF FATHER Causes, state (1) Means of Injury; and (2) whether Accidental, (State or Country) Suicidal or Homicidal. 12. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, OF MOTHER Transients or Recent Residents.) 18. BIRTHPLACE At place In the OF MOTHER of death.....yrs.....mos......days. State.....yrs.....mos......ds. (State or Country) Where was disease contracted if not at place of death? 14. THE ABOVE IS TRUE TO Former or (Informant) ..... usual residence ..... (Address) DATE OF BURLAL **ADDRESS** 

STATEMENT OF OCCUPATION—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

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accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ......(name origin: "Cancer' is less definite: avoid use of "Tumor" for malignant neoplasms; Measles: Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congental," "Senile," etc.), "Dropsy." "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUER-PERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train -accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

STATE OF IDAHO
ARTMENT OF PUBLIC WELFARE
UREAU OF VITAL STATISTICS
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CERTIFICATE OF BIRTH
rict No. 10 State File No. 1527
on District No. Local Registrar's No. 5
, ·
ostitute the word "Stillbirth" for name of child)
Legiti- Date of birth 1927
irths) mate? (Mouth) (Day) (Year)
natorum?
(A) December 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(a) Born alive and now living
Stillborn
FULL MOTHER
NAME Jeorgina From
Residence (Usual place of abode)
If nonresident, give place and State
Color or race White Age at last Birthday 2
Birthplace Wallace (Years)
(City and State or Country)
Occupation + Number
G PHYSICIAN OR MIDWIFE
ild, who was Stillborn at
ature) M. Villellus II
Physical
(Physician or midwife)

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	CEDITEICATE			State File No. 583111	
Co	under her had been her had been her her had been her her her her her her her her her her	-			
Cit	Registration District No		[	Local Registrar's No.2.38.	•••••••
	Primary Registration D	istrict N	10.2.1.8F.		
	(No(If death occurred in a hospital or institution of	rive its na	me instead of street and	number.)	
	9100 h. 11 h. m. T.	A			
2.					
	(a) Residence. No(Usual place of abode)	······	St	If nonresident give city or town and State	
Le	ength of residence in city or town where death occurred. yrs. mos.	ds.	How long in U. S., if	of foreign birth? yrs. mos.	ds.
	PERSONAL AND STATISTICAL PARTICULARS		MEDIC	AL CERTIFICATE OF DEATH	
8.	SEX 4. COLOR OR RACE 5. Single, Married, Widow	ed,	16. DATE OF DEAT	н	
	male or Divorced (write the wor	ra)	<u> </u>	<u>uy 12</u>	.19.
5a	. If married, widowed, or divorced			(Month) (Day) (Yes	ar)
-	. If married, widowed, or divorced HUSBAND of (or) WIFE of		17. I HEREBY CERTIFY, That I attended deceased from		
	N A . W O				
	DATE OF BIRTH (month, day and year)  AGE Years Months Days If LESS than	1 day	that I last saw h	•	
γ.	1000	rs. or		d, on the date stated above, at	m
	Stellow, min.		The CAUSE OF DEATH* was as follows:		
8.	OCCUPATION OF DECEASED	∦.			
	(a) Trade, profession, or particular kind of work		<u></u>		************
	(b) General nature of industry,			(duration) and	
	business, or establishment in which employed (or employer)	!	(duration)yrsmosds.  CONTRIBUTORY (Secondary)		
	(c) Name of employer	-			
h IJ			(duration) yrs, mos. ds.		
9.	(State or country)		18. Where was disease contracted if not at place of death?		
	10. NAME OF FATHER			ede death? Date of	
	Felix Rauntle		Was there an autopsy		
11. BIRTHPLACE OF FATHER (city or town) (State or Country)  Walla Walla  12. MAIDEN NAME OF MOTHER (1)			What test confirmed d	iagnosis?	*******
			(Signed)	M V when Gyrs	м. І
AR	12. MAIDEN NAME OF MOTHER Georgia Direct		July 13 10	27 (Address) Kooku +	٦.
P.					
13. BIRTHPLACE OF MOTHER (city or town)		*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.			
Willia Mus					
14	Informant Freie Peumlle .		19. Place of Burial, C	remation, or Removal Date of Burial	
(Address) 12 - 16ho			Storte	a Centy July 13	192
15	July 12 21 Mustilly Killing		20. Undertaker	Address	
-	Filed 3, 199 Registr	ar			

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

midwife.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS = Registration District No. County ERTIFICATE OF BIRTH RECORD File No. Primary Registration District No. Registered No Hospital PERMANENT **FULL NAME OF CHILD** (Certificate of no value without full name of child.) Number Twin Sex of in order Legiti-Date of Triplet of birth mate? Child or other? birth. (To be answered only in event of plural births) (Month) (Day) (Year) What bactericidal solution was used in eyes?.... INK-THIS Number of child of this mother now living, including present birth. Number of child of this mother, including present birth.... FULL **FULL** MAIDEN NAME RESIDEN RESIDENCE UNFADING COLOR COLOR BIRTHDAY ... ehild at (Years) (Years) BIRTHPLACE BIRTHPLACE WITH OCCUPATION OCCUPATION CERTIFICATE OF ATTENDING PHYSICI WRITE PLAINLY I hereby certify that I attended the birth of this child, who was Q (Born slive or stillbo on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., (Signature) should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Give names added from a supplemental report. ż Address Registrar.

DEPARTMENT OF PUBLIC WALFARE BURKAU OF VITAL STATIST OF CERTIFICATE OF BIRTS OM -UT Registration Disniet No. Primary Registration District Manager FUEL NAME OF COLLD estillicate of no sales a three left more of talled 199000 -ialba,I וֹשְּ טִּרְטֵׁבְּרְ מַלְּצָּוֹן: תַּ Date of A srid Salam teif mid fut The far angulary of all in What heatpeleidal solution was used in crus? Namber of child of this mother now liver, in moting pr discover of child of this spotper, including present bit th .. MOTHER J.: U 7 MAIDEM RESIDENCE AGE AT LAST TRAJ TATEDA ROJOU PRETHINAY POLITARUDDO CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE+ I hereby corrily that I actended the hirele of this shild, who was tun diffite so o'Him nouth the date above stated. a then there was no appending physician ar will the father kenterholder, on the art article in a second of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of the contract of of their neither besites the shortest well and Burd of Mis aller bileth. Give nemes added from a supplainmental separt.

-	FORM V. S. No. 5-25 M. 1-16-13	
20	CERTIFICA	TE OF DEATH. State of Idaho
Š	1. PLACE OF DEATH.	BOARD OF HEALTH Bureau of Vital Statistics
	County ofatah Frimary Registration Di	strict No. 1011 File No
PHYSICIAN statement	County of 10800W [No. (No. (No. (No. (No. (No. (No. (No. (	Strict No. 10.11 File No. 10.20 St.) Registered No. 12.20
	if death occurs away from C	St.) Registered No. 11-20
- F. F.	if death occurs away from Chiver usual residence, give for called for under special information.	If death occurred in a hospital, institution or camp, give its NAME instead of
CORD. ACTLY Exact	information. 2. FULL NAME John Chen Wa	give its NAME instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 2 E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-	
(ANENT RI e stated E. r classified, of certifica	Male White Child_	16. DATE OF DEATH
SE SE SE SE SE SE SE SE SE SE SE SE SE S	(Write the word.)	
2000	6. DATE OF BIRTH.	July 1, 1927 (Month) (Day) (Year)
Per le R	To 3 3 0.00	(Lear)
A PERM should properl on back		in attended deceased from
HIS IS AGE may be ructions	Stillborn how manyhrs. or	that I last saw halive on191,
	YrsMosdsmin.?	M. M. M. M. M. M. M. M. M. M. M. M. M. M
FOR Ed.	8. OCCUPATION	The CAUSE OF DEATH was as follows:
F 2 2 2 4	(a) Trade, profession or particular kind of work	Dorn july 1 1921
	dustry, business, or estab-	100
ERV NG Ily s	lishment in which employ- ed (or employer)	sulloon.
IN RESERVED UNFADING IN e carefully supplin terms, so this y important. See	9. BIRTHPLACE	(Duration) Yrs. mos. ds.
B to the second	(State or Country) Mossacra Tanha	Contributory
AGIN H UP plain very i	10. NAME OF	(Secondary)
MARGIN WITH Ul could be in plain is very	Hubert E. Walker	(Duration yrs. / mos. ds.
MAR WITH should H in p	11. BIRTHPLACE	of (Signed) Atau Cultonal M. D.
	OF FATHER	11 102) (Address) Morion de
	(State or Country) N. Car.	*State the DISEASE CAUSING DEATE; or in deaths from VIOLENT CAUSES, state (1)
PLAINLY ormation OF DEAT	12. MAIDEN NAME OF MOTHER	MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PLA CCU	Margaret S. Skeen	18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
	13. BIRTHPLACE OF MOTHER	Transients of Recent Residents.)
	(State or Country) Idaho	At place In the of deathyrsmosdays Stateyrsmosdays
	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.	Where was disease contracted
y ii state	(Informant) Hubert E. Welker	if not at place of death?
B.—Every ite should state	Manager Tag	usual residence
Hou	15.	19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	I had to ha field the land	Mount Ida my 9 1919)
ż	Filed Local Registrar	20. UNDERTAKER
	SYMS - YORK COL PMS. 4 SORE 24654	All Show Mount

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855 PLACE OF BIRTH STATE OF IDAHO ARTMENT OF PUBLIC WELFARE RECORD be made for BUREAU OF VITAL STATISTICS County of ... OF BIRTH City of..... Registration District No. 62 Primary Registration District No.....Local Registrar's No...... Hospital ..... (Certificate of no value without full name of child) Twin Number Date of Legiti-Sex of Triplet in order birth matella Child / or other? of birth -THIS IS A SEPARATE (To be answered only in event of plural births) (Month) (Year) (Dav) What bactericidal solution was used in eyes?. order Number of child of this mother, including present birth Number of child of This mother now living, including present birth FATHER FULL MOTHER FULL MAIDEN NAME each. RESIDENCE COLOR AGE AT LAST COLOR RTHDAY BIRTHDAY number (Years OCCUPATION ATTENDING PHYSICIAN OR MIDW more WRITE PLAINLY I hereby certify that I attended the birth of this child, who was on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn (Signature) child is one that neither breathes nor shows other evidence of life after birth. Give names added from a supplemental report. Address .... Filed. [ ]

STATE OF IDAHO MERASTERSUT OF PUBLIC WELFARD WEURRAU OF VITAL STATISTICS SERTIFICATE OF HIPTH necessation dispute no. Land the No. 150037 Prinney Horistration District No. Local Sectistrat's No. MACE NAME OF CRIPD I CLEAR Confished of no value without full name of child) in order dirid. bracher? (Months + (Day) (To be succeed only in event of plural births) What bacteriolded golution was used in eyes? A Nurpher of shift of this member, including process birth . Number of child of the meeter now living including process burth MOTHER FATHER RESIDENCE CANDENCE. AGE AT LAST COLOR OCCUPATION CERTIFICATE OF ATTIMDING PHYSICI I mereby corlify that I attended the birth of this child, who was a Awhen there was no attending physician or mainteen them the father, householder, should make this return. A stillborn (Signature) cirlic is one that notiner breathes nor Physician or unidwifer shows other evidence of life after hirth. live unuss added from a sauptemental report.

	ST	ATE OF ID	OHAO.
RECEIVED AUG 5 1927 BUREAU OF VITAL ST PLACE OF DEATH OF CERTIFICATE OF			C WELFARE DO NOT WRITE IN THIS SPACE
			69
Cit	v of Troy 9 de Primary Registr	ation Distric	et No. 2. July Local Registrar's No
	// (No.		ofve its name instead instead of street and number.)
9		elis	
			St. Troy, Ashi
Ι '	(Usual place of abode)		(If nonresident give city or town and State) ds. How long in U. S., if of foreign hirth? yrs. mos. ds.
		1	MEDICAL CERTIFICATE OF DEATH
8.4	SEX / 4 COLORAOR RACE   5 Single, Married,	, Widowed,	16 DATE OF DEATH
	or Divorced (write	the word)	July . 14, 1927-
<b>5a</b>	If married, widowed, or divorced		(Month) (Day) (Year)
	HUSBAND of		17 I HEREBY CERTIFY, That attended deceased from
ļ	(or) WIFE of		step 14, 102, 10 faly 4, 10k.
и. —		7 `CX	and that death occurred, on the date stated above, at 730 m.
∥′′	Still Form 1 day,	hrs.	and that death occurred, on the date stated above, at m.  The CAUSE OF DEATH, was as follows:
8	OCCUPATION OF DECEASED		Transture kirth.
{ 	(a) Trade, profession, or particular kind of work Moul		
(b) General nature of industry, business, or establishment in			(duration) yrs. mos. ds.
	(c) Name of employer		CONTRIBUTORY(Secondary)
-	Transfer and	<i>-</i> 01 <i>.</i>	(duration) yrs mos ds.
9	(State or country)		18 Where was disease contracted If not at place of death?
	10 NAME OF FATHER	1.	Did an operation precede death? Lo Date of
	- nomas / vm	ary	Was there an autopsy?
N T S	(State or country)	· · · · · ·	(Signed)
RE	The state of water	region.	July 15, 1927 (Address) Troy, Moho
à	12 MAIDEN NAME OF MOTHER Same Types	ell	Jacobs from WO
LI.	18 BIRTHPLACE OF MOTHER (city or town)	- 4	State the DISEASE CAUSING DEATH or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,
	~ autania	20	and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	Informant homas Hend	rex	19 Place of Burial, Cremation, or Removal Date of Burial
	(Address) Iron 9 da		Deulah cem July 15 28
15	- 1. 1. 1. 31 129 P. CH In P.	ckerd	20. Undertaker Addysta
	Filed Lycard 15.4. October 19.	Registrar	(None
	2. Ler 8 9 8 14 14 14 14 14 14 14 14 14 14 14 14 14	PIACE OF DEAT AUG 5 PIACE OF DEAT AUG 5 PIACE OF DEAT AUG 5 PIACE OF DEAT AUG 5 PIACE OF DEAT AUG 5 PIERTIE County of Registration Di Registration Di Registration Di Primary Registr (No.  (If death occurred in a hospital of the country of residence in city or town where death occurred or Divared (write  PERSONAL AND STATISTICAL PARTICULAR  3 SEX	County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County of County

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Do not accept a certificate of death signed only by a midwife.

"County of Lan La cny of hindrest Principary is given the District No. 2002 Section of Manager San - SACT REPORT OF SELECTION described the state of the state out that the Sankire no (To be augmered uply in exent of ships Sirtles) What beeterbeing column was used in eyes! Hamber of hill of this mother now living, in duding present high. Nusciper of child of the mother including present hirth? DUT MOTHER FATHER MACINE RESIDENCE Rustney MORTARUSSO House It CERTIFICATE OF ATTENEND PHYSICIAN ORIMINATES I beroby certify that I stiended the high of fills child, the was I silknown Which there was no attending official or fuldwise, then the faint, above holder, age, should note this return. A stillbotn child is one that perfect beauties nor daystoten or indwife shows other syldence of life after birth. the names added from a supplemental report.

RECEIVED AUG 5	977 DEPARTMENT OF PUBL	LIC WELFARE	DO NOT WRITE IN THIS SPACE	
PLACE OF DEATH	BUREAU OF VITAL	STATISTICS	58250	
County of	CERTIFICATE OF Registration District No		State File No	
City of	Primary Registration Distr		Local Registrar's No	
	(No			
2. FULL NAME	pared in a hospital or institution		nstead of street and number.)	
(a) Residence. No				
(Usual place of abode) Length of residence in city or town wher		ds. How long in U. S.	f nonresident give city or town and State), if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATIST	TICAL PARTICULARS	П	CERTIFICATE OF DEATH KG	
SEX 4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)	18 DATE OF DEATH	. 9 /	
5a If married, widowed, or divorced		(Mghth)	(Day) (Year)	
HUSBAND of (or) WIFE of		17 I HEREB	Y CERTIFY, That I attended deceased from	
(or) WIFE DI	$\leftarrow$	me / 32	, 107, 0 Jan 30, 127.	
6 DATE OF BIRTH (month, day and ye 7 AGE Years Months	1000		arilve on 1927.	
Months Months	If LESS than day,hrs.	and that death occurred  The CADSPIOF DEAT	d, on the date stated above, at m.	
8 OCCUPATION OF DECEASED		flee	Dorn	
(a) Trade, profession, or particular kind of work				
(b) General nature of industry, business, or establishment in				
which employed (or employer)		CONTRIBUTORY de.		
(c) Name of employer		(Secondary)		
9 BIRTHPLACE (city or town)(State or country)		18 Where was disease of	(duration) yrs mos ds.	
10 NAME OF FATHER	4 0 .	If not at place of de	Path 7	
Byre Thomas	Foorline	1	de death? Date of	
11 BIR HPLACE OF FATHER (city (State or country)	or town)	What test confirmed di		
(State or country)		(Signed)	ton I find g M. D.	
12 MAIDEN NAME OF NOTHER		19	(Address) (Assistant)	
13 BIRTHPLACE OF MOTHER (cire	r <del>or t</del> own)	III	CAUSING DEATH, or in deaths from VIO- (1) MEANS AND NATURE OF INJURY,	
(State or country)	ny.	11	ENTAL, SUICIDAL, or HOMICIDAL.	
14 Informant Jyre too	dyn,	. 19 Place of Burlal, Cre	mation, or Removal Date of Burial	
(Address Wi- 75 Year	1- Unch land	1 Curis	me Idy July 1927	
15 The 7/12 187 P.C.	Deweh	20. Undertaker	Address	
Filed	Registrar	1 Clyple Cl	nu Corrigues de	

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Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS THED AUG 11 153890 State File No. Registration District No.... hospital or institution Prim. Registration District No. 2/2 Local Registrar's No. 23 FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of Legiti-Sex of Triplet in order 19.3 o birth of birth mate? or other? Child (To be answered only in event of plural births) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum? SEP Number of child of this mother, including present birth.... ... (a) Born alive and now living Born alive but now dead Stillborn MOTATER FATHER FULL NAME Residence (Usual place of abode) Residence (Usual place of abode). If nonresident, give place and State If nonresident, give place and State Age at last Birthday. Age at last Birthday.... Color or rac Color or race Birthplace Birthplace (City and State or Country) (City and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child. who was ide **PLAINLY** on the date above stated. (Signature) case *Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn Addres child is one that neither breathes nor shows other evidence of life after birth.



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MARTIN TO THE THIRD WELL WELL WALL HIRLAND CO. THEIR STATISME Céntity al.... CERTIFICATE OF BEET City of Harris Primary Registration District No. 2002 Local Registra Baby Blacker (Certificate of no value without full unnie of child Date of .vedous 7 Levelti. Triple und in urder to red direct Sex islam dividito ) "red to ro Phild's I've be super sed only in exchangl aforal birthal What inciminal aciation was need in eyes! Mumber of child of the mather, including present birth. . . . Number of shill of this mether now living, including present birth. MOTHER FATHER Lila Kenyahin alii TO Blacker RESHUENCE RESIDENCE Herburn Eevynra. COLOR AGE AT LAST BIRTHDAY. COLOR efide wite BINTHPLACE Colorado OCCUPATION DECUPATION E ther CERTIFICATE OF ATTEMBING PHYSICIAN OR WIDWIFE I hereby carrify that I attended the birth of this child, who was I selfuers. I at ... the date allove stated. "When Shope was no attending phyciological or midwide then the father, househalder. etc., could make this return A scalingra child is one that resther preasing not -(Physician or midwi shown other evidence of the after birth. Give names udded from a sungionerial report. Earley Linko. Address: Elled.

RECEIVED JUL 2 1927 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH State File No. 58017 County of Local Registrar's No. / 8 Primary Registration District No. 20/1stated EXACTLY. death occurred in a hospital or institution, give its name instead of street and number.) (a) Residence. No.... (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred. How long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH COLOR OR RACE Single, Married, Widowed, 16. DATE OF DEATH 8. SE corced (write the word) zul) (Month) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY, That I attended deceased from (or) WIFE of me to 19 4 to 6. DATE OF BIRTH (month, day and 7. AGE Months Years and that death occurred, on the date stated above, at. The CAUSE QF DEATH* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry. business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) _____(duration) _____vrs. ____mos. ds. 18. Where was disease contracted (State or country) if not at place of death? _____ 10. NAME OF FATHER Did an operation precede death?______ Date of____ DEATH See ins Was there an autopsy? PARENTS 11. BIRTHPLACE OF FATHER What test confirmed diagnosis (State or Country) (Signed) important. item o *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or Country) Place of Burial, Cremation or Removal Date of Burial Informant (Address Address Registrar

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BUREAU OF VITAL SPANSFER CERTIFICATE OF BEETH Registration lugiriet No. . . State File Him, Registration District No. 22 1.1. Local Registrer W. or comment of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the con has groupy letter was used to prevent Ophthelaile Assentorum? [ ... Number of this or this protect including powers birth (g) Born alive and new Rving___ If nonvenident, give place and State, With and State of Concerns CHRITMOATE OF ATTEMBISC PHYSICIAN OR MINUTES beachy certify that I attended the birth of this child, who wash Sillborn on the date above stated. *Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillhorn child is one that neither breathes nor shows office evilence of a life volta-

STATE OF IDAHO RECORD be made for DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH

A) Gregistration District No. 19 State File No. 153 City of. 5391 No. .... PERMANENT RETURN must (If born in hospital or institution give name.)

FULL NAME OF CALE Prim. Registration District No. 2015 Local Registrar's No. 155 (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Legiti-Sex of Triplet in order and { birth Child or other? (Month) (To be answered only in event of plural births) What grophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth_ Born alive but now dead... MOTHER ATHER FULL Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and Sta Color or race. Birthplace Birthplace City and State or Country and State or Commtry Occupation Occupation I hereby certify that I attended the birth of this child, who was Sti on the date above stated. (Signature) *Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth.

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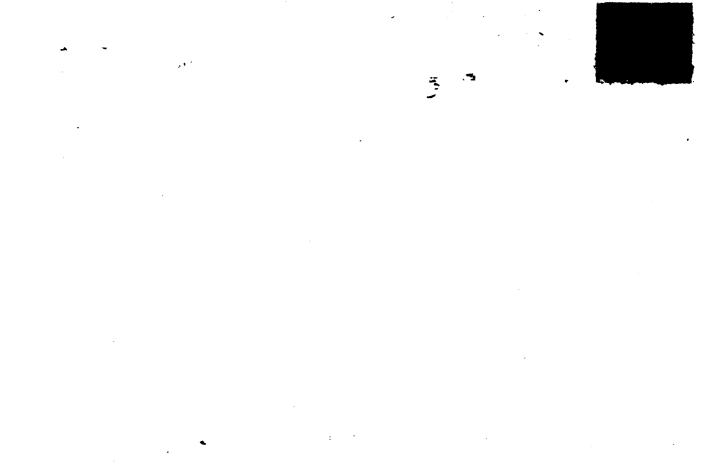
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DEATH ertificate.	1. PLACE OF DEFECTIVED AUG 8 CERTIFICATE OF DEATH Registration District No			State of Idaho BOARD OF HEALTH Bureau of 7161 Stryistics
1 OF		Primary Registration Dist	rict No. 2/70	File No
USE	City of Gifford	(No	St.)	Registered No.
state CAU	If death occurs and from usual residence, give facts called for under special information.  2. FULL NAM	or infant &	phermalr	If death occurred in a hos- pital, institution or camp, give its NAME instead of street and number.
ould	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICA	TE OF DEATH 1896
RMANENT RECORD ILY, PHYSICIANS shory important. See inst	oy	(GLE, MARRIED, WID- WED OR DIVORCED Conclusion (Write the word.)  2 4 1927  (Day) (Year)		at I attended deceased from
G PERI ACTL	7. AGE	IF LESS than 1 day	19, to	19
IS A rted EX.		how manyhrs.	that I last saw h alive on	
	Yrs. Mos. ds. or min.?		and that death occurred on the da	
HIS OPA	8. OCCUPATION		The CAUSE OF DEATH* was as	follows:
E T AD	(a) Trade, profession or None		Still bonn	
SERVEI G INK	(b) General nature of industry, business or establishment in which employded (or employer)		from overwor	-/ <u>\</u>
MARGIN RESWITH UNFADING SULP STATE AGE AGE AGE STATE S	9. BIRTHPLACE (State or Country) biff and	Locaho	Contributory (Secondary)	
	10. NAME OF S. J. Colvern	als #	(Duration)	o, Hatts M. D.
r, v rrefu iffed	11. BIRTHPLACE	,	(Signed)	end of the second
MINE.	OF FATHER  (State or Country)			sufford Ida
TE PL. should properly	12. MAIDEN NAME State Ch	ermals	*State the Disease Causing Death; or i (1) Means of Injury; and (2) whether A 18. LENGTH OF RESIDENCE	ocidental, Suicidal or Hemicidal.
WRIT rmation may be p	13. BIRTHPLACE OF MOTHER Mrw (	york	Transients or Recent Reside  At place In days. days.	nts.)
info it 1	(State or Country)		Where was discase contracted	
of that	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		if not at place of death?	
te B	(Imorniant)		Former or usual residence	<u></u>
ry i	(Address) Liffan	×.	19. PLACE OF BURIAL OR REM	IOVAL DATE OF BURIAL
-Eve	15. 7. 2//	E.E. Watts	. Myrth Ida	7-24 19 27
B	Filed / 4 19.27		20. UNDERTAKER	ADDRESS
Łż	SYNG-YORK 20 PRINTERS & SINDERS, BOISE 51088	Local Registrar	S. Chermaks Cacte	ing Gufford

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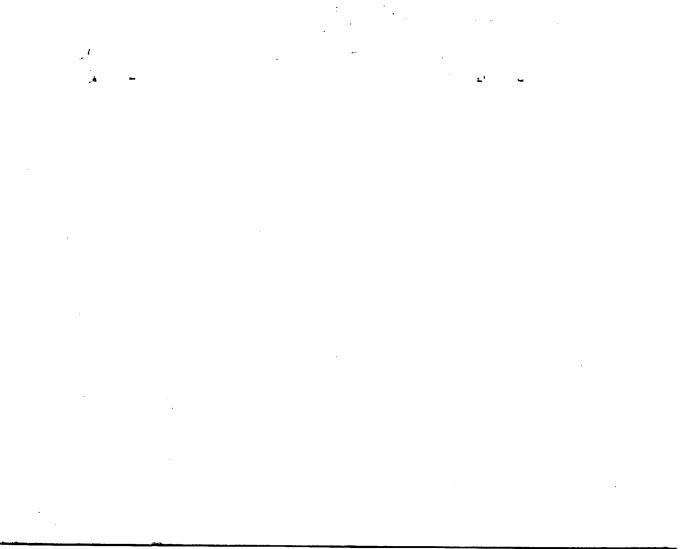
TEPARTMENT OF PERIC WELFARE COMMENT OF Registration District No. Primary Registration District No. L. cost Besterar's Mo. (Certificate of no value without full name of and mell bate of Laufti-345'tis ati . O. Heid deald to T ALESSEE The deservered only in event of placel himbel East bacterisidal solution was used in eyes? Number of child of this mother new living, including present birth, Number of chief of this mather, including present hirth. MOTHER PULL PATHER MAIDEN RESIDENCE RESIDENCE AGE AT LAST AUHTRE BIRTHDAY I hereby certify that I afterded the birth of this child, who was [ Still on the date shove stated. *When there was no attending physician or midwife, then the father, householder etc. should make this return A stillborn rilld is one that upither pronthes nor (Physician or raidwife) shows other evidence of life after birth. tire names aided from a supplemental report. Address

| 1. PLACE OF SETTINED AUG 5 197 CERTIFICATE OF DEATH  Registration District No  Registration District No  County of City                         |
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| County of City | H<br>tics              |
| City of St.) Registered No.  If death occurred in a pital, institution or give instruction or give instruc | ()                     |
| If death occurred in a pital, institution or give its NAME installation.  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL OF DEATH  Write the word.)  8. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED OR DIVORCED.  Write the word.)  8. DATE OF BIRTH.  Write the word.)  16. DATE OF DEATH  (Month) (Dry)  17 I HEREBY CERTIFY, That I attended deceased with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the many with the man | _                      |
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| OWED/OR DIVORGED.  16. DATE OF DEATH  Write the word.)  6. DATE OF BIRTH.  OMONth)  OPY)  17  I HEREBY CERTIFY. That I attended deceased (Month)  Opy)  7. AGE  IF LESS than 1 day that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on Month. Isolated that I last saw h M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. alive on M. al | 7                      |
| 8. DATE OF BIRTH.  (Month) (Day) (Year)  7. AGE  IF LESS than 1 day how many has or and that death occurred on the date stated above, at the comparison or particular kind of work.  (a) Trade, profession or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                        |
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| MONTH (Month) (Day) (Year)  7. AGE  IF LESS than 1 day that I last saw h 1/21 alive on Month (Month) (Day)  7. AGE  OCCUPATION  (a) Trade, profession or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (ear)                  |
| 7. AGE  IF LESS than 1 day that I last saw h in alive on for the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date stated above at the date s | from                   |
| HOLD STORY  NOT THE CAUSE OF DEATH* was as follows:    Control of the date stated above at   1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7                      |
| 8. OCCUPATION  (a) Trade, profession or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5 M.                   |
| (a) Trade, profession or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 10                     |
| (B) General nature of industry, business, or establishment in which employed of or employer)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | :                      |
| ilshment in which employ- ed (or employer).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                        |
| 9. BIRTHPLACE mos.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ds.                    |
| (State or Country) Stone Country) (Secondary)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                        |
| FATHER TO FATHER TO FATHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ,ds.                   |
| (Signed)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | M. D.                  |
| State or Country Out 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                        |
| 12. MAIDEN NAME (2) whether Accidental, Suicidal of Homicidal.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ate (1)                |
| 18. LENGTH OF RESIDENCE (For Hospitals, Institu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | tions,                 |
| - 3rs O 118. BIRTHPLACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                        |
| (State or Country)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | days                   |
| 14. THE ABOVE IS TRUE TO THE BEST OF MILE HOWELDOES. If not at place of death?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |
| (Informant) Former or usual residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | •••••                  |
| (Address) Jone July 19. PLACE OF BURIAL OR PEROVAL DATE OF BURIAL DATE OF BU | RIAL                   |
| 15. Mouvelle Wah Muly 18                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 1                      |
| Filed 191 Local Registrar 20 CMDERTAKER ADDRIES-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 211                    |
| SYME - YORK CO., PTRS. A SORR. 24853                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                        |

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FORM V. S. No. 5-25 M. 1-16-13 CERTIFICATE OF DEATH PLACE OF RECEIVED AUG. 5 str 122 State of Idaho BOARD OF HEALTH District No. Bureau of Vital Statistics County of Primary Registration District No. File No. City of Registered No. if death occurs away from If death occurred in a hospital, institution or camp, give its NAME instead of usual residence, give facts called for under special information. street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-OWED OR DIVORCED. 16. DATE OF DEATH Write the word.) 6. DATE OF BIRTH. (Day) CERTIFY, That I attended deceased from (Day) (Year) 7. AGE IF LESS than 1 day bow many ..... hrs. or min.? DEATH* was as follows: 8. OCCUPATION (a) Trade, profession or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer)..... .....(Duration) 9. BIRTHPLACE Contributory (State or Country) (Secondary) 10. NAME OF FATHER ... (Durat 11. BIRTHPLACE E OF DEATH OCCUPATION OF FATHER (State or Country) State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) 12. MAIDEN NAME Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER At place In the of death.....yrs.....mos.....days. State.....yrs.....mos.....days (State or Country) Where was disease contracted 14. THE ABOVE IS MY KNOWLEDGE if not at place of death?..... Former or usual residence 9. PLACE OF BURIAL OR REMOVAL DATE OF BURIAN 15. 20. UNDERTAKER Local Registrai SYMS - YORK CO., PTRS. & BORS. Q4659

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DEPARTMENT OF PUBLIC WELLPA SCHMAD OF VITAL STANSTICS CURTEMPORTED THEORY Primary Registradea District No. 5. 5 L (Gettifeste of no value without full name of child) mairon ) he missi. 2 HAGE Merch to I'm he mawered only in event of blace! birthys Viat bactericidal solution was used in even? Number of child of this mother now high including proscot blash . . . Number of child of this mother, including process hirth MOTHER FATHER AGE AS LAST BIRTHOAY Linerally cortify that Lettonded the pirth of this child, who was [ Sil ber the moore state and "Thou there was no attending physician on midyic than the father bouseholder of that it make this return A ntilibor" (STUINARIES) cidle is one that weither breather no. (Physician or midw shows other evidence of the after birth live numes added from a supplemental report

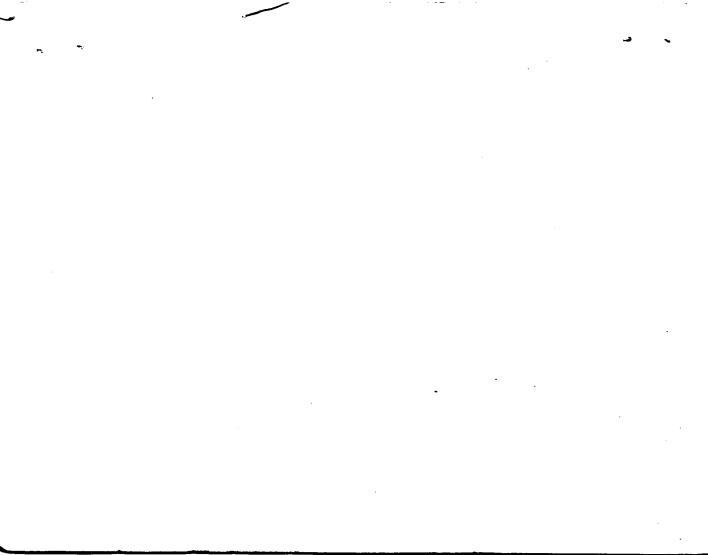
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	County of Primary Registration Dist		No. 58399	
SE A	1 (1. 1944)//4		stered No320	
state CAU	If death occurs away from usual residence, give facts		If death occurred in a hos- pital, institution or camp, give its NAME instead of street and number.	
uld st	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE		
DING A PERMANENT RECORD EXACTLY, PHYSICIANS should: N is very important. See instructi	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-OWED OR DIVORCED (Write the word.)	16. DATE OF DEATH		
NENT PHYSI portani	6. DATE OF BIRTH	(Mogth)	(Day) (Year)	
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NG NG XAC is ve	7. AGE IF LESS than 1 day	that I lest south a New on		
FOR BINI  THIS IS id be stated CCUPATIO	how many	and that death occurred on the date s		
	8. OCCUPATION	The CAUSE OF DEATH* was as follows:		
	(a) Trade, profession or particular kind of work	Stillbarn		
RESERVED DING INK — AGE should lement of OCC	(b) General nature of in- dustry, business or estab- lishment in which employ- ed (or employer)			
RESER DING 1 AGE	9. BIRTHPLACE	(Duration)		
MARGIN RESE: H UNFADING supplied. AGE	(State or Country) and Falls, Ida	Contributory(Secondary)  (Duration)  yrs		
MAR WITH U	10. NAME OF Gam Zimmerman			
. 5d	11. BIRTHPLACE	(Signed)	M. D.	
PLAINLY, aid be caref erly classifie	OF FATHER (State or Country)	19 (Address) am Falls Islat		
5 54	12. MAIDEN NAME OF MOTHER	*State the Disease Causing Death; or in dea (1) Means of Injury; and (2) whether Acciden	ths from Violent Causes, state tal, Suicidal or Hemicidal.	
WRITE information she if	13. BIRTHPLACE OF MOTHER	18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)  At place In the of death yrs mos days. State yrs mos days		
E E	(State or Country)			
of infe	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted if not at place of death?		
item o 18, 80 th	(Informant)	Former or usual residence		
B.—Every if	(Address)	19. PLACE OF BURIAL OR REMOVA	L DATE OF BURIAL	
ii Ev	15.		19	
r. Bla	Filed	20. UNDERTAKER	ADDRESS	
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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor. Architect. Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

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RECORDber	City of Wall and Registration District No.	STATE OF IDAHO  BUREAU OF VITAL STATISTICS  CERTIFICATE OF BIRTH  S   540   4		
NDING PERMANENT made for each and the	NoSt.  Primary Registration Distr Hospital	rict No. 1011 Registered No. 68		
ERVED FOR BIN NG INK-THIS IS A P A SEPARATE RETURN must be an in order of birth stated.	Sex of Twin And Andrew Child Triplet and Control of the Child Triplet and Control of the Child To be answered only in event of plural bird	Legitimate? Date of July 1917.  Birth Month) (Day) (Year)		
	FULL VINNER FATHER NAME  A  A  A  A  A  A  A  A  A  A  A  A  A	FULL MOTHER. MAIDEN Licita Jalana		
	RESIDENCE Wucce	RESIDENCE		
	COLOR  AGE AT LAST BIRTHDAY  (Years)	COLOR  AGE AT LAST Z O BIRTHDAY(Years)		
RES FADI of sach,	BIRTHPLACE	BIRTHPLACE		
	OCCUPATION	OCCUPATION ALM		
ARC WITI	Number of child of this mother, including present birth	umber of children of this mother now living, including present birth Marian		
MARGI PLAINLY WITH Is case of more than our	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  I hereby certify that I attended the birth of this child, who was			
WRITE PLA N.B. laca	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Le S Stone 9M2).		
*	Given names added from a supplemental report.	(Physician or midwife)		
	19 Address			
	S-Y-CO 38071 Registrar	A L 1927 Registrar		



STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS HG 1 5 1927 CERTIFICATE OF DEATH State File No..... County of Exact statement Local Registrar's No .. Primary Registration District No. 10 (If death occurred in a hospital or institution, give its name instead/instead of street and number.) (a) Residence. No. (If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds. (Usual place of abode) Length of residence in city or town where death occurred mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 Single, Married, Widowed, 4 COLOR OR RACE 16 DATE OF DEATH or Divorced (write the word) 00 should (Day) (Month) properly 5a If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from 17 (or) WIFE of ... 19...... to ...... that I last saw h..... alive on ..... 6 DATE OF BIRTH (month, day and year) 7 AGE Months and that death occurred, on the date stated above, at ...... m. Years If LESS than may day. The CAUSE OF DEATH* was as follows 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in ...... (duration) ...... yrs. ..... mos. ____ ds. which employed (or employer) ..... CONTRIBUTORY ..... instructions (c) Name of employer (Secondary) ..... (duration) ..... yrs. ..... mos. ____ BIRTHPLACE (city or town) . plain 18 Where was disease contracted (State or country) If not at place of death?..... Did an operation precede death?..... Date of ..... Was there an autopsy? ..... DEATH 11 BIRTHPLACE OF FATH What test confirmed diagnosis?..... RENT (State or country) important, (Slaned) 12 MAIDEN NAME 8 *State the DISEASE CAUSING DEATH, or in deaths from VIOy item o 13 BIRTHPLACE OF MOTHER LENT CAUSES, state (1) MEANS AND NATURE OF INJURY. very (State or country) and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. Date of Burla 19 Place of Burial, Cremation, or Removal Informant. ATION (Address) hould

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DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO 1027DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS RECORD OF BIRTH Registration District No...... State File No. Primary Registration District No. 1085 Local Registrar's No. CHILD..... (Certificate of no value without full name of child) Twin Number Date of Sex of Legitiin order Child ~ of birth matel (To be answered only in event of plural births) (Mogath) (Dav (Year) What bactericidal solution was used in eyes?..... Number of child of this mother, including present birth Number of child of this mother now living, including present birth FULL FULL MAIDEN NAME 22 NAMÉ birth each, RESIDENCE RESIDEN 병병 COLOR COLOR number (Years) (Years) BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION ゼ CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE+ ā PLAINLY I hereby certify that I attended the birth of this child, who was I Still on the date above stated. *When there was no attending physician or midwife, then the father, householder, (Signature) WRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife) Give names added from a supplemental report. Address Registrar.

Begietration Biggs of Mo..... my Bogistration Bigging No. C. C. Local Registrat's No. (Cartificate of ma value without will reme of earlie) (Month) What hadericides referenced in erest CUCURATION MENDING MINSICIAN OR MID I become continued and a standard the three of this child, who save I be

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¥ ŏ	PLACE OF DEATH	CERTIFICATE OF DE		State File No. 58746	
ECORD EXACTLY, PHYSICIANS Exact statement of OC-	County of Mills Tall Reg	istration District No	og L		
ent X	City of Juniu Facco Prin	nary Registration District	No. 20/87	Local Registrar's No	
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LY	2. FULL NAME Jah Name	a mospital of institution at	more in the instead ins	tead of street and number.	
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# <del>   </del>	Length of residence in city or town where death	occurred yrs. mos. ds	<del></del>		
ENT ] stated iffed.	PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL	CERTIFICATE OF DEATH	
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	Pall While	Juigle	(Month)	(Day) 192 (Year)	
	5a if married, widowed, or divorced HUSBAND of (or) WifE of		(710111)		
ᅻ _ [®] 당 .			NEREBY	CERTIFY, That I attended deceased There	
IS A AGE of projecte.				19 19 19 19 19	
a Sa . A #	6 DATE OF BIRTH (month, day and year)  7 AGE  Years  Months  Days  If LESS than 1 day,min. hrs.		at I last saw h a'	on the date stated above, at m.	
THIS plied. may b certif			The CAUSE OF DEATH* was as follows:		
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ERV HIJ SI That i	(a) Trade, profession, or particular kind of work		A acong	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
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VITH should plain instr	9 BIRTHPLACE (city or town)		18 Where was disease contracted if not at place of death?		
- zz -	10 NAME OF FATHER TO A TO A		ld an operation precede	death! Date of	
	Veckan Weigh		Was there an autopsy?		
PLAINLY, information death ir	11 BIRTHPLACE OF FATHER (ofty or town) (State or country)		hat test confirmed dia	gnobie?	
E PLAIN of inform; OF DEA1 important			(Signed) M. D.		
f PL OF D	12 MAIDEN NAME OF MOTHER	mner -		(Address)	
PP (+1	13 BIRTHPLACE OF MOTHER (city or to	wn) . (11)		AUSING DEATH, or in deaths from VIO-	
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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE CERTIFICATE OF BIRTH 154055 ERMANENT FLURN must Registration District No.... State File No..... (If born in hospital or institution Prim. Registration District No/085 Local Registrar's No. give name.) FULL NAME OF CHILD. word "Stillbirth" for name of child) (If stillborn, substitute the Number Sex of A Date of Legiti-Triplet in order Child or other? mate? 1/1 birth ... (To be answered only in event of plural births) (onth) 个(Day) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth.... ____ (a) Born alive and now living Born alive but now dead. FATHER MOTHER FULL MAIDEN ~ Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State If nonresident, give place and State Age at last Birthday. Birthplace . Birthplace. (City and State or Country City and State or Country) Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDW I hereby certify that I attended the birth of this child, who was \ Still on the date above stated. (Signature) *Where there was no attending physician or midwife, then the father, householder, (Payacian or midwife WRITE etc., should make this return. A stillborn child is one that neither breathes nor Address . shows other evidence of life after birth.

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Registration Interior Primary degistrating District No. 1. 1. 1001 Contillente of no vitae vitaent to him nerse of or the lu sially dista le (Month) (Day) nameral sole in event of aral binkal facto at boos same applicable A commence of the state of the Winis Liectael RESIDENCE LYTOR B BORE AGE AT LAST BIRTHDAY BIRTHPLACE RENGRESS FORM BIN THPL WED LO OCCUPATION HOUSENAND Te tame Tang CERTIFICATE OF ATTENDAND PHYSICIAMORE TOWNER Libersten and Erfage ! esternied the pirth of this child, who was | Sittle orn The state of the parallel of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th (Sixuatture) 100 seamond teather and Process or midwifes of the attor birth. Mary THE TO MAKE tions a supplemental unit constitution ... A drivers Registrar

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH 1927 ERTIFICATE OF DEATH State File No .... County of.... Registration District No..... Local Registrar's No... City of .... Primary Registration District No. 100 IS A PERMANENT RECORD give its name instead of street and number.) (If death occurred in a hospital or institution. 2. FULL NAME..... (a) Residence. No.... (Usual place of abode) Length of residence in city or town where death occurred. How long in U. S., if of foreign birth? mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX COLOR OR RACE Single, Married, Widowed, 16. DATE OF DEATH should or Divorced (write the word) Un (Month) 5a. If married, widowed, or divorced 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) that I last saw h exalive on 7. AGE Years Months and that death occurred, on the date stated above, at The CAUSE OF DEATH was 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry. business, or establishment in which employed (or employer) (duration) .....vrs. .... mos. CONTRIBU (c) Name of employer 9. BIRTHPLACE (city or town 18. Where was disease contracted (State or country) if not at place of death? 10. NAME OF FATHER Did an operation precede death?..... Date of..... Was there an autopsy? ..... 11. BIRTHPLACE OF FATHER (city or town What test confirmed diagnosis? (State on Country) (Signed) TAME OF MOTHER 12. MAIDEN *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT OF MOTHER (city or CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 19. Place of Burial, Cremation, or Removal Date of Burial Informant (Address) Undertaken Addres Registrar

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フー/のラ・00/ PLACE OF BIRT STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE REAU OF VITAL STATISTICS Registration District No. State File No. St. Primary Registration District No. / Local Registrar's No. 4 FULL NAME OF CHILD (Certificate of no value without full name of child) Number Twin Date of Legiti-Sex of Triplet in order birth. of birth Child or other? mate? " (Month) (Day) (Year) (To be answered only in event of plural births) of What bactericidal solution was used in eyes?..... order SEP Number of child of this mother now living, including present birth. Number of child of this mother, including present birth FULL MAIDEN FULL NAME NAME RESIDENCE RESIDENCE # 7 COLOR COLOR AGE AT LAST BIRTHDAY number (Years) (Years BIRTHPLACE BIRTHPLACE OCCUPATION ATTENDING PHYSICIAN OR MIDWIFE+ PLAINLY I hereby certify that I attended the birth of this child, who was I Stillborn on the date above stated. *When there was no attending physician or midwife, then the father, householder, WRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Give names added from a supplemental report. Address Registrar.

Aringare Hogistration District Ma. A. Lorel Hegister's (Certificate of no value without full name of child). ...datu# irettiin order Been And E (Month) Thibe answered only in event obsincable t becterietles was need to over 1 comber of abild within merches, impleding present birth. REGIOENCE RESIDENCE CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. Lincoln cortics that I attended the birth of this calle, who was Similar When there was no attending physician or midwife, then the father, househalder. sto. stought some this return A stillborn child is one that neither besites nor (Physician or midwite shows other evidence of life after firth.

STATE OF IDAHO RECEIVED SEP SEPARAMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH State File No..... CERTIFICATE OF DEATH County of ... Registration District No..... Local Registrar's No..... City of ..... Primary Registration District No. / (If death occurred in a hospital or institution, we its name instead of street and number.) 2. FULL NAME..... (If nonresident give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? mos. Length of residence in city or town where death occurred. yrs. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH Single, Married, Widowed, (Month) (Year) If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of that I last saw h..... alive on..... 6. DATE OF BIRTH (month, day and year) and that death occurred, on the date stated above, at 12 10 Hz 7. AGE Months LESS than 1 day Days certificate. The CAUSE OF DEATH* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, ______(duration) _____yrs. ____mos. ____ds. business, or establishment in which employed (or employer) CONTRIBUTORY ..... (c) Name of employer (Secondary) (duration) ____yrs. ___mos. ___ds. plain 9. BIRTHPLACE (city or town). 18. Where was disease contracted (State or country) if not at place of death? ..... 10. NAME OF FATHER Did an operation precede death? Date of _____ Was there an autopsy? What test confirmed diagnosis? ... 11. BIRTHPLACE OF FATHER (city or town). (State or Country) (Signed) .... Q important. 12. MAIDEN NAME OF MOTHER item o *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (State or Country) Date of Burial state Informant (Address)

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KECOKU be made for	City of Lucia St. BU	STATE OF IDAHO RETMENT OF PUBLIC WELFARE REAU OF VITAL STATISTICS  CERTIFICATE OF BIRTH  154174
S A PEKMANENT TE RETURN must birth stated.	(If born in hospital or institution give name.)  Prim. Registratio	n District No
INK—THIS IS rth a SEPARAT ch, in order of h	What prophylactic was used to prevent Ophthalmia Neon	
fH UNFADING I an one child at bir the number of eac	Residence (Usual place of abode).  If nonresident, give place and State  Color or race A Age at last Birthday 3 4  Birthplace (Years)  (City and State or Country)	Residence (Usual place of abode)   Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Years   R Y
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LINS OC-	) Time	EMEIVED AUG 17 1927	DEPARTMENT OF PUBL BUREAU OF VITAL S	IC WELFARE DO N	OT WRITE IN TE	HIS SPACE
		PLACE OF DEATH	CERTIFICATE OF		File No	I U ~
SICI:	Co	unty of	Registration District No		Registrar's No	84
HX ent	Cit	y of whyce	Primary Registration Distri	ict No		
		(If death equiv	(No	give its name instead instead of	)	+160
LY, sta		2. FULL NAME  (If death occurred in a hospital or institution, give its name instead instead of street and number.)				
ECORD EXACTLY, PHYS Exact statement		0.1.2		G4		<i>:</i>
XA A	'	(a) Residence. No. (Usual place of abode)	/ <del></del>	St. (If nonreside	dent give city or tow	n and State)
	Len	gth of residence in city or town where	death occurred yrs. mos.	ds. How long in U. S., if of for		mos. ds.
ENT 1 stated ified.	PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH $\sqrt{g}^{Q}$			
PERMANENT RECORD should be stated EXACT orly classified. Exact	3 1	BEX 4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH	19	19.27
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A PERM FE should properly of	5a If married, widowed, or divorced HUSBAND of		17. A I HEREBY CERTI	FY, That I attended	deceased from	
	(or) WIFE of		July 19 , 1927	, to July	19, 10 27.	
22	6 1	DATE OF BIRTH (month, day and year	19-19-1927	that I last saw hardalive on	//	19
Tities of the second	7 AGE Years Months Days If LESS than 1 day, hrs.		and that death occurred, on the date stated above, at m.			
KK—THIS supplied. i it may b			V V or min.	The CAUSE OF DEATH Was	follows:	<i>f</i> .
T H 등 의	8	OCCUPATION OF DECEASED		suy our	Theas	10
UNFADING IN be carefully by terms, so that ictions on back		(a) Trade, profession, or particular kind of work		presente.		yang
		(b) General nature of industry, business, or establishment in which employed (or employer)	<u></u>	(duration	n) yrs,	mos ds.
FAI Ga ns,	(c) Name of employer			(Secondary)		
UNFA be ca terms,		0.4	. A	(duration	n)yrs	mos ds.
tri Ed	9	BIRTHPLACE (city or town) (State or country)	vryce	18 Where was disease contracted if not at place of death?		
B ∞ _ o	10 NAME OF FATHER (city or town) (State or country)  11 BIRTHPLACE OF FATHER (city or town) (State or country)  Willowski Manual  (State or country)		Did an operation precede death? M.D. Date of			
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THE PER	Ä	7,000	- 7,000	1 7 1 10 - 5	Address) Munic	indlake
	PAR	12 MAIDEN NAME OF MOTHER	4 Trustian			
H A H		18 BIRTHPLACE OF MOTHER (city	or town)	*State the DISEASE CAUSIN	G DEATH, or in de	aths from VIO-
WRIT: y item CAUSE is very		(State or country)		LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
CA is	14	Luster	alford:	19 Place of Burial, Cremation,	or Removal   Da	ite of Burlal
75 Q		(Address)		/ama Id	. 1 ,	7-20 1927
-Ev sta		(Madi 600)	<u> </u>	20. Undertaker	1 '	Idress
N. B.—Eveshould stat	15	Filed	by Musselman Registrar			
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STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner. (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using aways the same accepted

term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report 'Typhoid Pneumonia'); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock. Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia." "PLANTERAL peritonitia," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICID-AL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO RECEIVED AUG 2 ? BEPARTMENT OF PUBLIC WELFARE PERMANENT RECORD
RETURN must be made for irth stated. BUREAU OF VITAL STATISTICS County of CERTIFICATE OF BIRTH City of. Registration District No. State File No. Primary Registration District No. 3/4 Q Local Registrar's No. 3/2 Hospital ..... RETURN FULL NAME OF CHILD..... (Certificate of no value without full name of child) Twin Number Date o Legiti-Sex of in order Triplet birth Child / SEPARATE or other? of birth mate? (To be answered only in event of plural births) of. What bactericidal solution was used in eyes? Number of child of this mother now living, including present birth Number of child of this mother, including present births FULL FULL MAIDEN NAME UNFADING INK each. RESIDENCI RESIDENCE COLOR COLOR one child BIRTHDAY number (Years) BIRTHPLACE OCCUPATION OCCUPATION ATTENDING PHYSICIAN OR MIDWIFE+ more WRITE PLAINLY I hereby certify that I attended the birth of this child, who was lattlihorn on the date above stated. *When there was no attending physician or midwife, then the father, householder, (Signature) etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Give names added from a supplemental report. Registrar.

CREST STATE OF BLETH Legistanting Market No. e Tile Mile Local Research App. Primary Hogisticides District Notice (Continued of no value without fir braump of child) Date of Manth, Mine Toke survered only in event at plural births! bl settling was used in eyes? Namber of third of this mother vow living, including pres-call ambig of pilid of this tolking, it delays is prosunt birth. RESIDENCE BIRTHPLACE OCCUPATION ENTEROR ATTENDING PHYSICIAN OR MEDITE Lineshy cortifs that allevated the bloth of this shall, who yes all they received there was the attending shysician on make its their the father increased in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state o and the A reper seed their thore are (Physician or midwife) above other evide Hire manny added from a supplement

tate CAUSE OF DEATH ons on back of certificate.	1. PLACE OF PEATH ED AUG 20 Sector No	TE OF DEATH  9 8  BOARD OF HEALTH Bureau of Vital Statistics File No.  St.)  Registered No.  If death occurred in a hospital, institution or camp. give its NAME instead of street and number.
MARGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT RECORD of information abould be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions	PERSONAL AND STATISTICAL PARTICULARS  3. SEX	MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH  (Month)  (Day)  17. I HEREBY CERTIFY, That I attended deceased from  19. to 19. to 19. and that death occurred on the date stated above, and 20 M  The CAUSE OF DEATH'S was as follows:  (Duration)  (Duration)  (Duration)  (Secondary)  (Duration)  (Duration)  (Secondary)  (Duration)  (Secondary)  (Secondary)  (Sugned)  *State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Stietdal or Homicidal.  18. LENGTH OF RESIDENCE (For Hospitals, Institutions Transients or Recent Residents.)  At place of death yrs mos days. State yrs mos days.  Where was disease contracted if not at place of death?
N. B.—Every item in plain terms, so	(Address) Sell remation, along 15.  Filed Cung. 12 1927 Chary & Coffin Local Registrar SYMS-YORK CO., PRINTERS & BINDERS, BOIRE 51088	Former or usual residence  19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DOWNLY, Residence  20. UNDERTAKEN HOLL.  ADDRESS

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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FORM V. S. No. 5-A-25 M. 1-19 RECEIVED AUG 1 8 1027 State of Idaho BOARD OF HEALTH Registration District No. Bureau of Vital Statistics County of Primary Registration District No. 2/3 File No..... City of..... Registered No..... If death occurs away fro If death occurred in a hosusual residence, give fasts called for under special inpital, institution or camp. formation. 2. FULL NAME street and number PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE | 5. SINGLE, MARRIED, WID-OWED OR DIVORTED 16. DATE OF DEATH Write the word.) 6. DATE OF BIRTH (Month) (Day) 17. I HEREBY CERTIFY. That I attended deceased from (Month) (Day) (Year IF LESS than 1 day 7. AGE that I last saw h alive on 19 how many..... or......nin.? 8. OCCUPATION Trade, profession or particular kind of work General nature of industry, business or establishment in which employ-Yrs.....mos. 9. BIRTHPLACE Contributory (State or Country) (Secondary) 10. NAME OF .....(Duration) FATHER 11. BIRTHPLACE OF FATHER (State or Country) *State the Disease Causing Death; or in deaths f. (1) Means of Injury; and (2) whether Accidental, 12. MAPDEN NAME OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, 13, BIRTHPLACE OF MOTHER Transients or Recent Residents.) At place of death. ...yra.....mos......days. (State or Country) Where was disease contracted if not at place of death?..... 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence (Address)...... DATE OF BURIAL 15. 20. UNDERTAKEI Local Registra STATE-YORK CO. PRINTING & SINDERS. BOISE

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STATE OF IDAHO 192 EPARTMENT OF PUBLIC WELFARE AllG 1 PERMANENT RECORD RETURN must be made for irth stated. BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No...........State File No...... Primary Registration District No. 1 \ Local Registrar's No. FULL NAME (Certificate of no value without full name of child) Date of Twin Number Legiti-Sex of in order Triplet birth of birth mate? or other? Child SEPARATE I (Month) (Year) (Day) (To be answered only in event of plural births) oţ What bactericidal solution was used in eyes?..... order Number of child of this mother now living, including present birth Number of child of this mother, including present birth. MOTHER FULL FATHER FULL MAIDEN NAME NAME each, RESIDENCE RESIDEN at ð COLO COLOR child number one OCCUPATION the than CERTIFICATE OF ATTENDING PHYSICIAN OR M RITE PLAINLY In case of more I hereby certify that I attended the birth of this child, who was on the date above stated. *When there was no attending physician (Signature) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor (Physician shows other evidence of life after birth. Give names added from a supplemental report. Address Registrar. Registrar.

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IS A PEKE AGE should b properly cicate.	5a If married, widowed, or divorced HUSBAND of (or) WIFE of	17 HEREBY CERTIFY, That I attended deceased from
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DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical state-

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ment of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a mid wife.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of CERTIFICATE OF BIRTH State File No. Registration District No... Primary Registration District No. / Local Registrar's No. (Certificate of no value without full name of child) Twin Number Date of Legiti-Sex of Triplet in order Child or other? of birth mate? SEPARATE (To be answered only in event of plural births) (Month) (Year) (Day) What bactericidal solution was used in eyes?..... Number of child of this mother, including present birth. Number of child of this mother now living, including present birth FULL FULL MAIDEN RESIDENC COLOR number (Years) (Years) BIRTHPLACE BIRTHPLACE One OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE more I hereby certify that I attended the birth of this child, who was I Stillbe on the date above stated. PL *When there was no attending physician or midwife, then the father, householder, (Signature) WRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Physician or midwife) Give names added from a supplemental report. Address ...

MIACI TO HTA DEPARTMENT OF PUBLIC MELEVARE BURNA OR VITAL STATEFICE County of a CHARACTER OF BEATH Mentage District No. C. ... State The No. Primary Registration District Noc. Local Registration Carifficate of no value without full name of child) (Det) (dimenta) The he ammered only in event of plural birthel What harderielist actuates were seed in seed BMS CHESH RESIDENCE COLOR JOANSHIT MID BIRTHPLACE HOIMANDE CLEE OF AFFENDING PHYSICIAN OR MICHIEL Ligarday country that I appeared the block of this shill, who was I distribute Wir n there was no attended pareichen (Skrature) or showild then the father bounded. could be that indiffer broading appropriate the contract of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of the after several contracts of th (Physician or midwife)

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וליין טוג אוטע STATE OF IDAHO DO NOT WRITE IN THIS SPACE DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS State File No. 57484 PLACE OF DEATH CERTIFICATE OF DEATH County of Bonneville Registration District No. Local Registrar's No .... Idaho Falla Primary Registration District No. 2 / N City of .... 2. FULL NAME Baby Butler (a) Residence. No. Idaho Falls, Idaho (If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds. (Usual place of abode) vrs. mos. Length of residence in city or town where death occurred MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word) 16 DATE OF DEATH White Male Single Mav (Day) 5a if married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from 17 (or) WIFE of ...., 19....., to .... 6 DATE OF BIRTH (month, day and year) hav 2.1927 that I last saw h..... alive on ... and that death occurred, on the date stated above. at 2-30p m 7 AGE Years Months Days If LESS than day, ..... The CAUSE OF DEATH* was as follows: min. 8 OCCUPATION OF DECEASED back (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in O (duration) ____ yrs. ___ mos. _ which employed (or employer) .... ushilis of mother. CONTRIBUTORY instructions CTTT2 (c) Name of employer (Secondary) (duration) ..... yrs. ..... mos. .... Idaho Falls. Idaho BIRTHPLACE (city or town) ... 18 Where was disease contracted (State or country) if not at place of death?..... Did an operation precede death?..... Date of ...... 3 & Was there an autopsy? חבים ה What test confirmed diagnosti 11 BIRTHPLACE OF FATHER (city or town) important. (State or country) Kansas (Signed) .... (Address) Ada Halla. 12 MAIDEN NAME OF MOTHER Roberta Fawler *State the DISEASE CAUSING DEATH, or in deaths from VIO-13 BIRTHPLACE OF MOTHER (city or town) コペコヤン LENT CAUSES, state (1) MEANS AND NATURE OF INJURY. very (State or country) Oregon and (2) whether ACCIDENTAL, SUICIDAL. or HOMICIDAL. Mrs.Roberta Butler Date of Burlal įs. 19 Place of Burial. Cremation. or Removal Informant... 19 27 Rose Hill, Idaho Falls May 3 UPATION Idaho Falls, Idaho (Address) Address 20. Undertaker Idaho Falls J.A.Wood

A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursufes can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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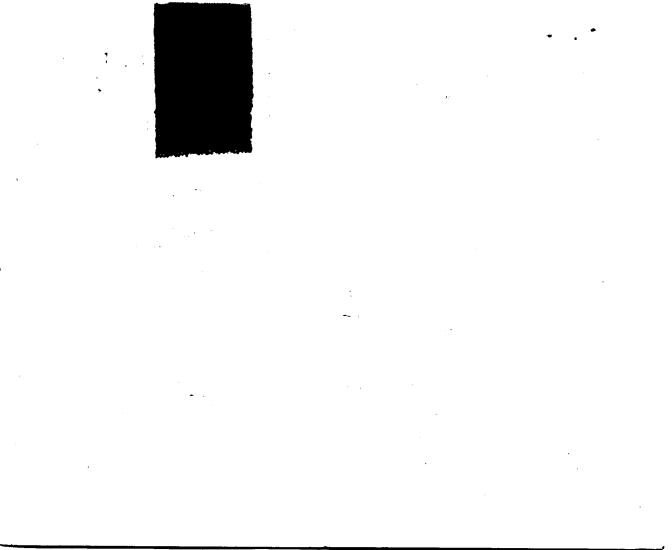
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

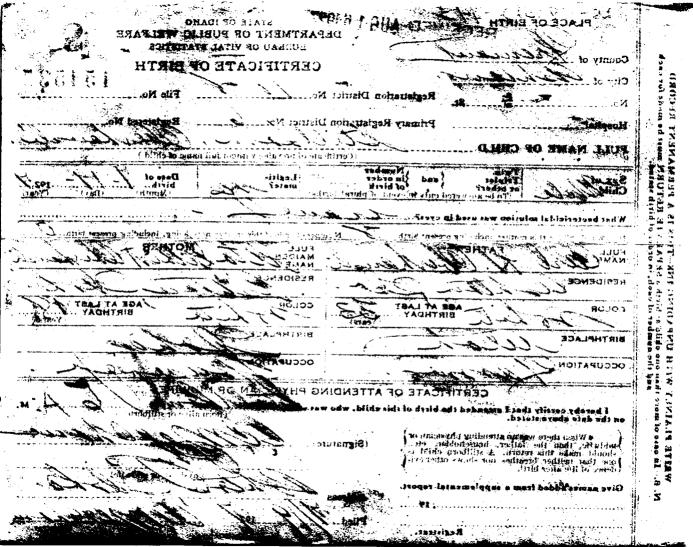
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Do not accept a certificate of death signed only by a mid wife.

669 - 102 (00) -DEPARTMEN CLFARE be made for BTICS BUREAU CERTIF Registration District No..... No...... St. RETURN must irth stated. PERMANENT Primary Registration District No. Local Registrar Hospital ..... FULL NAME OF CHILD..... (Certificate of no value wathout full name of child) birth Number Date of Twin Legiti-Sex. Triplet in order of birth Chrid or other? matei (Month) (Year SEPARATE (Dav) (To be answered only in event of plural births) * What bactericidal solution was used in eyes? order Number of child of this mother now living, including present birth Number of child of this mother, including present birth FULL Ë **FUL** MAIDEN UNFADING INK each, RESIDENCE RESIDENCE one child at I COLOR BIRTHDA the number (Years) OCCUPATION and CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE+ PLAINLY I hereby certify that I attended the birth of this child, who was i Stillborn each on the date above stated. In case of *When there was no attending physician or midwife, then the father, householder, (Signature) WRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Give names added from a supplemental report. Registrar. Registrar.





PHYSICIANS of OCCUPA-	STATE OF IDAI  - PLACE OF DEATH  - PLACE OF DEATH  - PREMENT  - PREMENT  - COUNTY OF THE MONT   - COUNTY			DO NOT WRITE IN THIS SPACE 58849			
	City ofCH	ester.	Registration District No Primary Registration District	No		rar's No	
VENT RECORD stated EXACTLY, ed. Exact statemen	(No						
NG PERMANENT hould be stated y classified. E	(Travel place of shode)			How long in U. S., if of foreign birth? yrs. mos. ds.			
AN be iffie	PE	RSONAL AND STATISTI		i	MEDICAL CERTIFICATE OF DEATH		
G ERMAN uld be classifi	8. SEALE	4. COLOR OR RACI	5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEAT	July	19t¥	
ING PERM should rly clas	50 If married W	idowed or divorced			(Month) (	Day) (Year)	
BINDING IS A PE AGE shou properly o	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		17. I HEREBY CERTIFY, That I attended deceased from				
S I S I A(	6. DATE OF BIR	TH (month, day and year	) 'TY 19th 1927	that I last saw h	alive on	, 19, 19	
INK—THIS supplied. A it may be I tificate.	7. AGE	Years Months	Days If LESS than 1 day,hrs. ormin.	and that death occurre	ed, on the date stated about the was as follows:	ove, atm	
ARGIN RESERVED F UNFADING INK—T be carefully supplied terms, so that it may on back of certificate.	business, or en	ofession, or at of work	keme	CONTRIBUTORY	(duration)	yrs. mos. ds	
J # 75 _	9. BIRTHPLACE (State or cour	(city or town)	ester DAHO	18. Where was diseasif not at place of	se contracted death?	ds	
	10. NAME O	F FATHER CARL •	BERHANSLEY	Did an operation prec Was there an autops	eede death? Da	te of	
PLAINLY, nformation DEATH in See instr	11. BIRTHPI State or E E E E E E E E E E E E E E E E E E E	ACE OF FATHER (city Country)	or town)	What test confirmed (	nnes	Lane, M. D	
ant.	12. MAIDEN	NAME OF MOTHER	JULIA GILBERT	, 19	92 (Address)	vien,	
WRITE item of i	18. BIRTHPI (State or	ACE OF MOTHER (city Country)	or town)	*State the DISEASI CAUSES, state (1) whether ACCIDENTA	E CAUSING DEATH, or MEANS AND NATUR LL, SUICIDAL, or HOM	in deaths from VIOLENT E OF INJURY, and (2) IICIDAL.	
WRI -Every item estate CAUSE is very import	14. Informant (Address)	CARL OF ERH	ANSLEY.	shten Idahe	Cremation, or Removal	7 Date of Burial 7 20/27 19	
K. B.— hould	15. Filed	1/1, 1927	Conservation Registrar	20. Undertaker  LEVIS KI	SER ASHTON	Address I DAH	

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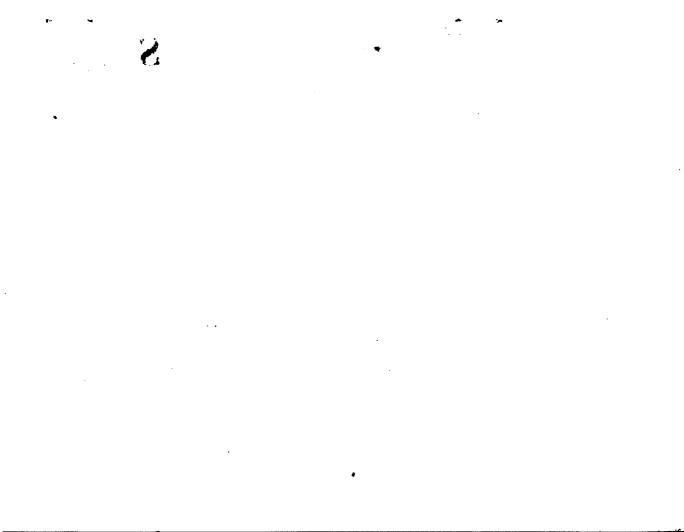
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ioi O	PLACE OF BIRTH COUNTY OF PUBLIC WELFARE
RECORI be made :	County of BUREAU OF VITAL STATISTES
전 2 전 2 전 2	NoSt. CERTIFICATE OF BIRTH 154536
ENT	Registration District No
ERMANE ETURN m stated.	(If born in hospital or institution give name.)  Prim. Registration District No. 21.7. Local Registrar's No. 67.3
tation of the second	FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child)
FER FRE	Sex of Corollary   Twin   Sex of Child Corollary   Sex of Child Corolla
-THIS IS SEPARAT 1 order of 1	What prophylactic was used to prevent Ophthalmia Neonatorum? Q14100
PA P	Number of child of this mother, including present birth (a) Born alive and now living
Sign	Born slive but now dead Stillborn
birth a each, in	FULL Albert Stanley Clark. MAIDEN Julia Etta Miller
ž # w	Residence (Usual place of abode) Jun Groves, Ida Residence (Usual place of abode) Jun Groves, Ida
ADIN ild at	If nonresident, give place and State
one child number	Color or race Age at last Birthday Color or race White Age at last Birthday (Years)
rh ( an or the r	Birthplace (City and State or Country)  Birthplace (City and State or Country)
WITH than id the	Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
more that	I hereby certify that I attended the birth of this child, who was Stillborn at
	(Signature) (M. M. D.
See See	(*Where there was no attending physician or midwife, then the father, householder,
1	etc., should make this return. A stillborn
F R	child is one that neither breathes nor shows other evidence of life after birth.
z	Filed 1924 Whater



the wind to ansie WALL TO LAKE STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH State File No..... Registration District No..... Local Registrar's No Primary Registration District No. 217 a hospital or institution live its name instead of street and number. curred 2. FULL NAME.. (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred. How long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH Singly, Married, Widowed. 16. DATE OF DEATH married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year If LESS than 1 day, 7. AGE Years Months Days and that death occurred, on the date stated above, at ____hrs. or The CAUSE OF DEATH* was as follows 8. OCCUPATION-OF DECEASED. (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in (duration) ____yrs. ___mos. which employed (or employer) CONTRIBUTORY ..... (c) Name of employer (Secondary) (duration) _____yrs. ___mos. 9. BIRTHPLACE (city or town)
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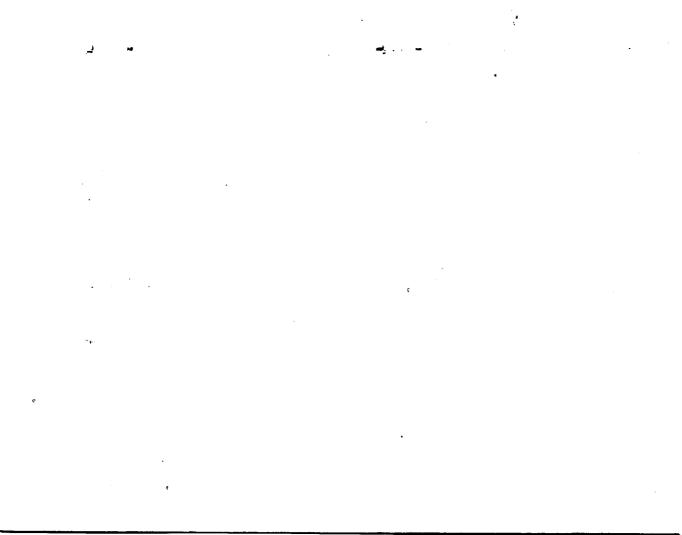
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<b>70</b> 1	RECEIVED AUG 29 1927 STATE OF ILD DEPARTMENT OF PUBLIC	IC WELFARE   DO NOT WRITE IN THIS SPACE		
LANS 0C	~ PLACE OF DEATH CERTIFICATE OF			
, PHYSICIANS tement of 0C-	City of Cream Dollar Primary Registration District	Local Pogistron's No		
LY, PHYS	(No(If death occurred in a hospital or institution,	give its name instead instead of street and number.)		
EECORD EXACTLY, Exact state	2 FULL NAME BOLL BATTER			
	(a) Residence. No. (Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
~ਾਚ .	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
AN Pe	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH  July 17 19 27		
PERM should perly (	5a If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)		
GE Pro	(or) WIFE of	that I last saw har alive on the date stated above, at 10 mm.		
Efficiency of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the part of the	6 DATE OF BIRTH (month, day and year)  7 AGE Years Months Days If LESS than			
NK—TH supplied it may k of cer	Stillian   1 day,hrs.	The CAUSE OF DEATH* was as follows:		
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	particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	(duration) yrs. mos. ds.  CONTRIBUTORY (Secondary)  (duration) yrs. mos. ds.  18 Where was disease contracted if not at place of death?		
UNFADING  be carefull  terms, so th  actions on b	which employed (or employer)			
2 4 5	9 BIRTHPLACE (city or town) County Oliver			
ە ⊑ " خا	10 NAME OF FATHER Benj. Batter	Did an operation precede death? No Date of		
は海岸	11 BIRTHPLACE OF FATHER (city or wn) (State or country)  12 MAIDEN NAME OF MOTHER	(Signed)		
	12 MAIDEN NAME OF MOTHER Sydia Nukul	July 19.2.7. (Address)		
WRITE item of AUSE (	13 BIRTHPLACE OF MOTHER (city or town) (State or country)	*State the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
L. C. S.	14 Informant Buy Date .	19 Place of Burial, Cremation, or Removal Date of Burial		
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MAKGIN KESEKVED FUK BINDING

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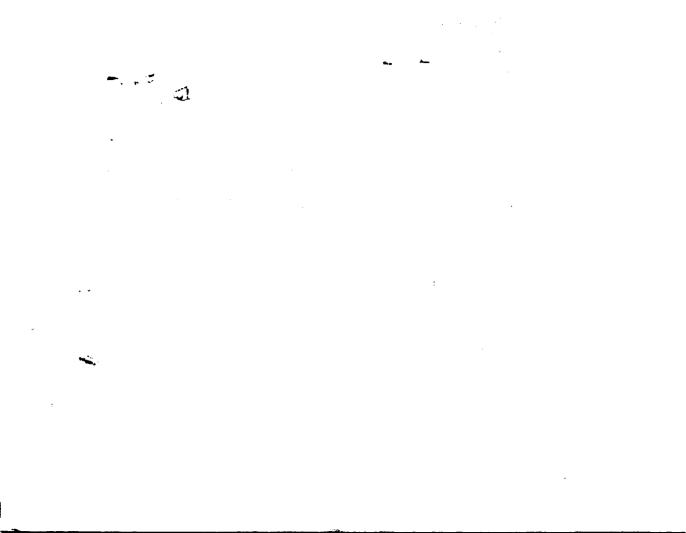
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PLACE OF BIRTHGS 29 1927 RECORD be made for STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of Kootensi BUREAU OF VITAL STATISTICS City of Coeur d'Alene CERTIFICATE OF BIRTH 213 Garden PERMANENT I RETURN must b th stated. Home Hospital Registration District No.....State File No.... (If born in hospital or institution give name.) Stillbirth FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number RATE RI of birth Date of July 29, Sex of Legiti-Triplet in order and Child of birth mate Tyo S Male or other? (To be answered only in event of plural births) (Month) (Dav) -THIS I SEPARA order of What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth ... (a) Born alive and now living... Born alive but now dead... Stillborn MOTHER FATHER FULL Edward Holmes Cole MAIDEN Luella Onstine NAME UNFADING one child at bi C.d'A.. Idaho C.d'A. Idaho Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State... If nonresident, give place and State White 29 Thite 20 Color or race. Age at last Birthday... Age at last Birthday Color or rac one New York (Years) (Years) New York Highland Minnesota Birthplace . Birthplace. City and State or Country)
Scho l Teacher (Housewi Store Manager WITH Occupation Occupation and CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* more Born alive 1. 3:40 PLAINLY I hereby certify that I attended the birth of this child, who was ? Stillborn at. on the date above stated. 5 (Signature) Physician *Where there was no attending physician WRITE B.—In or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Filed. ż Registrar.



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PH III I	City	y of July wave	No 7 France	J topheld		
		of death occurr	red in a hospital or institution	n, give its name instead instead of street and number.)		
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85 #	<i>a.</i> 1		Q- 0	α <b>ι</b>		
RECORD BEXACT Exact	(	a) Residence. No. 2/3	Jacan	St. (If nonresident give city or town and State)		
<b>克克克</b>	Len	(Usual place of abode) gth of residence in city or town where	death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
Pires			AAL DARTIOULARS	MEDICAL CERTIFICATE OF DEATH 157		
PERMANENT Ishould be stated erly classified.	PERSONAL AND STATISTICAL PARTICULARS			MEDIOAL CLITTIFICATE OF DEATH \		
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IS A PERM AGE should be properly c	5a	if married, widowed, or divorced				
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	1	(or) WIFE of —		July 29, 1927, 10 11, 29, 192/		
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H C H		mella	Custine.	*State the DISEASE CAUSING DEATH, or in deaths from VIO-		
E GE	11 1	13 BIRTHPLACE OF MOTHER City	or town)	LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,		
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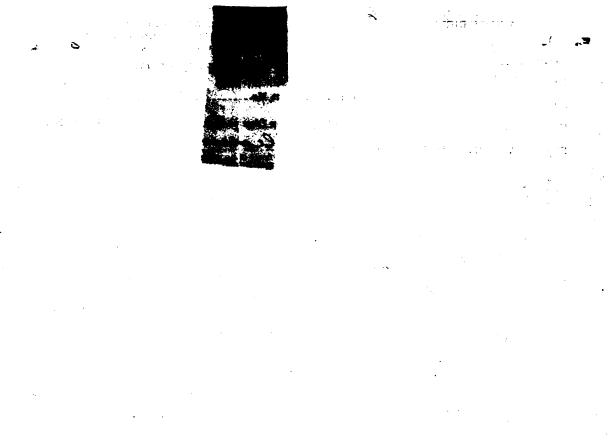
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STATE OF IDAHO 12 19 URBAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 54668 City of Registration District No...... .....State File No..... Primary Registration District No. Local Registrar's No. Hospital ... (Certificate of no value without full name of child) Twin Number Date of Legiti-Sex of Triplet in order hirth Child or other? of birth matel (Month) Day (Year) (To be answered only in event of plural births) Number of child of this mother, including present birth Number of child nother now living, including present birth. MOTHER FATHER FUL FULL MAIDEN NAME NAME RESIDENCE RESIDENCE 별 COLOR COLOR BIRTHDAY number (Years (Years BIRTHPLACE OCCUPATION OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE+ PLAINLY I hereby certify that I attended the birth of this child, who was I Stillborn on the date above stated. *When there was no attending physician (Signature) or midwife, then the father, householder, WRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other eyidence of life after birth. (Physician or zhidwife) Give names added Arom a supplemental report. Address Registrar.

STATE OF IDAHO AUG 2 6 1921 NT OF PUBLIC WELFARE U OF VITAL STATISTICS UNFADING INK—THIS IS A PERMANENT RECORD ehild at birth a SEPARATE RETURN must be made for each number of each, in order of birth stated. FICATE OF BIRTH Registration District No.____ File No. Primary Registration District No. Registered No.____ FULL NAME OF CHILD (Certificate of no value without full name of child.) Number Twin Legiti-Date of Sex of 7 in order Triplet mate? birth ... of birth Child or other? (To be answered only in event of plural births) (Month) (Day) What bactericidal solution was used in eyes?.... Number of child of this mother, including present birth. ......... Number of child of this mother now living, including present birth. MOTHER FULL FATHER FULL MAIDEN NAME NAME RESIDENCE RESIDENCE AGE AT LAST COLOR AGE AT LAST GO COLOR BIRTHDAY. (Years) (Years) BIRTHPLACE BIRTHPLACE WRITE PLAINLY WITH OCCUPATION OCCUPATION B.—In case of more than CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was..... on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is (Signature) _ one that neither breathes nor shows other evidence of life after birth. Give names added from a supplemental report. Address -Registrar.



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PLACE OF DEATH County of Length	STATE OF IDA DEPARTMENT OF PUBLI BUREAU OF VITAL ST CERTIFICATE OF	TATISTICS  DEATH  DO NOT WRITE IN THIS SPACE State File No. 58692	
City of Xeidistry		Taral Danishanda M.	
2. FULL NAME Morni		,	
(Usual place of abode)	<b>4</b> /.	St.  (If nonresident give city or town and State)  8. How long in U. S., if of foreign birth? yrs. mos. d	
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
\ <u></u>	<del></del>	16. DATE OF DEATH	
5a. If married, widowed, or divorced		(Month) (Day) (Year	
HUSBAND of (or) WIFE of		17. I HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (month, day and year	July 16-1927	, 19, to, 19, that I last saw h, alive on, 19, 19	
7. AGE Years Months	Days If LESS than 1 day, hrs. or	and that death occurred, on the date stated above, at	
8 OCCUPATION OF DECEASED	min.	Al	
(a) Trade, profession, or particular kind of work		Hillom	
(b) General nature of industry, business, or establishment in which employed (or employer)		(duration) yrs, mos.	
(e) Name of employer		CONTRIBUTORY (Secondary)	
9. BIRTHPLACE (city or town) (State or country)	wistn Halv	(duration)yrsmos.  18. Where was disease contracted if not at place of death?	
10. NAME OF FATHER ROY	W. Gleason	Did an operation precede death? Date of	
11. BIRTHPLACE OF FATHER (city	or town) alegeo	What test confirmed diagnosis	
2 12. MAIDEN NAME OF MOTHER	dia Shyner	19 1 (Address) Court Willy (Address)	
13. BIETHPLACE OF MOTHER (city (State or Country)	or town spokane.	*State the DISEASE CAUSING DEATH, or in deaths from VIOL CAUSES, state (1) MEANS AND NATURE OF INJURY, and whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
14. Informant Poy Florida	tie Buch	19. Place of Burial, Cremation, or Removal Date of Burial	
15. Filed Aug 22, 1927	Rusin E Bruce	20. Undertaker Address	
	PLACE OF DEATH  County of City of County of City of County of City of County of City of County of City of County of City of County of City of County of City of County of City of County of City of County of City of County of City of County of City of County of City of County of City of County of City of County of City of County of City of County of City of County of City of County of City of County of City of County of City of County of County of City of City of County of City	DEPARTMENT OF PUBL BUREAU OF VITAL S CERTIFICATE OF Registration District No	

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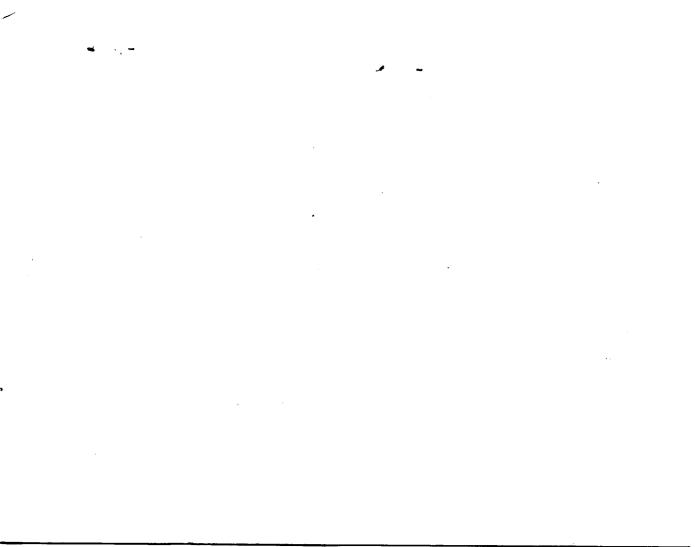
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WELFARE STICS
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Registered No.
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Registrar.

MOTHER



EXACTLY, PHYSICIANS  Exact statement of 0C-	STATE OF I DEPARTMENT OF PUBL BUREAU OF VITAL S CERTIFICATE OF County of Primary Registration District No. City of Primary Registration District No.  (a) Residence. No.  (Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	DEATH  State File No. 5869()  Local Registrar's No.  Sive 13 name instead instead of street and number.)
78 ∣	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AN be	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Different powerd)	16 DATE OF DEATH  LUG  7.7
IS A PERM AGE should properly contect.	5a If married, widowed, or divorced HUSBAND of (or) WIFE of  All  Bown	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
IS IS IS be be	6 DATE OF BIRTH (month, day and year) (11 9 9 1/927  7 AGE (Years Born) Days 1 day, hrs.  or min.	that I last saw h
G INK—TH illy supplied that it may back of cer	8 OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work.	The CAUSE OF DEATH* was as follows:
bin refu so t	(b) General nature of Industry, business, or establishment in which employed (or employer)  (c) Name of employer	(duration) yrs. mos. ds.  CONTRIBUTORY (Secondary)
ITH UNFA should be esplain terms, instructions	9 BIRTHPLACE (city or town) Lunisla La ho (State or country)	(duration) yrs. mos. ds.  18 Where was disease contracted If not at place of death?
اله تـ ۵ هـ	10 NAME OF FATHER William. R. Hood.	Did an operation precede death? Date of
PLAINLY, information ? DEATH in oortant. See	11 BIRTHPLACE OF FATHER (city or town)	(Signed) What test confirmed diagnosis? W. D.
E 0 5 E	12 MAIDEN NAME OF MOTHER COVER BUYEN	(Address)
WRITI r item (CAUSE s very i	13 BIRTHPLACE OF MOTHER (city or town) (State or country)	*State the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
F 9:4	14 Informant (Address) 927 - 7 UK SI (Sanda Landa)	19 Place of Burial, Germation, or Removal Date of Burial  (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
. B.— nould :	15 Filed My 22, 1927 Sum & Bruce Registrar	20. Undertiker Address
	Trodistrar "	

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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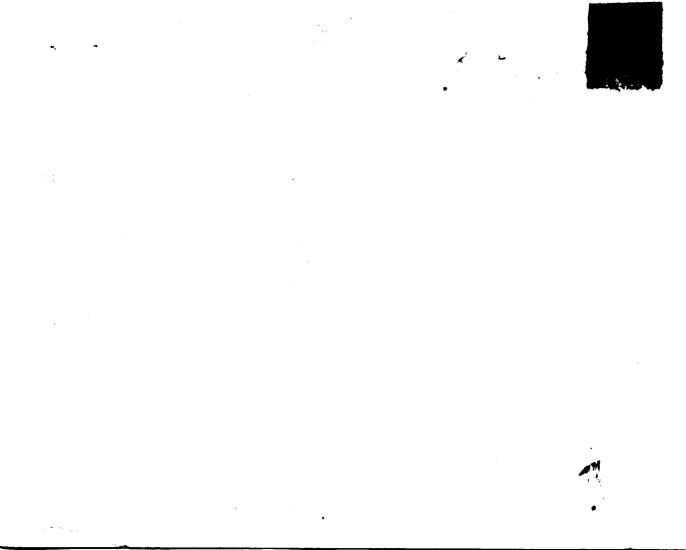
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LACE OF BIRTHE TVED SEP STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH PERMANENT Primary Registration District No. 10. Local Registrar's No. 74 stated. RETURN FULL NAME OF CHILD..... (Certificate of no value without full name of child) birth Number Twin Date Sex of Legit Triplet in order Child or other? of birth mate THIS IS A SEPARATE (To be answered only in event of plural births) (Dav) (Year) • • What bactericidal solution was used in eyes! order Number of child of this mother now living, including present birth Number of child of this mother, including present birth. FULL FATHER FULL MAIDEN NAME birth each. # 7 COLOR COLOR child BIRTHDAY number BIRTHPLACE **OB6** the OCCUPATION 7 CERTIFICATE OF ATTENDING PHYSICIAN OR B WRITE PLAINLY each I hereby certify that I attended the birth of this child, who was ! Stillborn on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife) Give names added from a supplemental report. Registrar.



LY, PHYSICIANS statement of 0C-	County of Wallacz Primary  (No.	STATE OF IDA TIMENT OF PUBLIC REAU OF VITAL STA CERTIFICATE OF D tion District No	DO NOT WRITE IN THIS SPACE ATISTICS State File No
ar t	2. FULL NAME		
RECORD  REACTLY,  Exact stat	(a) Residence. No		St. (If nonresident give city or town and State)
~ .	Length of residence in city or town where death occu	rred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.
ENT B stated iffed.	PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH
P P P	3 SEX 4 COLOR OR RACE 5 Single, or Divorce	Married, Widowed, ed (write the word)	16 DATE OF DEATH
× 24	5a if married, widowed, or divorced HUSBAND of (or) Wife of	1	(Month) (Day) (Year)  17   HEREBY CERTIFY, That I attended deceased from, 19, 19, 19
	6 DATE OF BIRTH (month, day and year)	t	that I last saw h alive on
94 . <b>19</b> 1	7 AGE Years Months Days	1 dayhrs.	and that death occurred, on the date stated above, at m.  The CAUSE OF DEATH* was as follows:
NK—TH supplied it may k of cer	8 OCCUPATION OF DECEASED		Stillform
HIY SI Lhat i back	(a) Trade, profession, or particular kind of work		
DINC refu so t on	(b) General nature of industry, business, or establishment in which employed (or employer)		(duration) yrs. Z mos ds.
UNFA   be ca terms, actions	(c) Name of employer		(Secondary)
3 - 5	9 BIRTHPLACE (city or town)		(duration) yrs. mos. ds.  18 Where was disease contracted  If not at place of death?
B a d	10 NAME OF FATHER Farn The		Did an operation precede death? Date of
N H H	9 11 BIRTHPLACE OF FATHER (city or town)	A Be	What test confirmed chaquosis (Signed)
	12 MAIDEN NAME OF MOTOR AREA	otigs -	15, 1927 (Address) Wallace Strong
WRITE y item of CAUSE (	AS SISTUSI ACE OF MOTUES (situ on town)		VState the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
is G	14 Informant Strank Stoat	T Lange	19 Place of Burlal, Cremation, or Removal  Date of Burlal  LUCY 15 19 27
N. B.—Eve should stat CUPATION	15 Filed 19.27	<u> </u>	Dule J. Mordet Mallace

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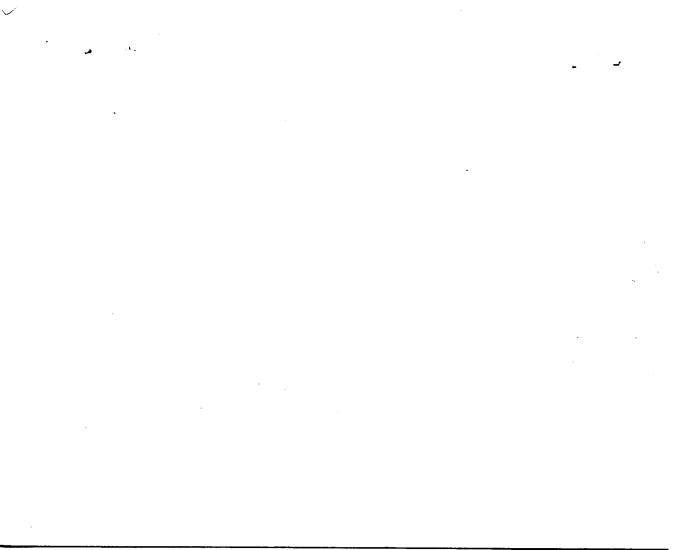
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AUG 3 1 1943



w ;	RECEIVED OCT 11 1927	TE OF IDAHO	
PHYSICIAN of OCCUPA	DEPARTMENT	OF PUBLIC WELFARE F VITAL STATISTICS	DO NOT WRITE IN THIS SPACE
XSI OCC	TEACE OF DEATH	CATE OF DEATH	-State-File No. 58807
	City of Sacra Way of Man Registration Distr	tion District No. 2/6/	Local Registrar's No. 98
RD CTLY tateme	(No		
RECORD EXACT	2. FULL NAME.	tution, give its name instead of street and	number.)
RE SXac	(a) Residence, No.	St	Buneroft Eda
NENT state	Length of residence in city or town where death occurred. yrs.	mos. ds. How long in U. S., if o	If nonresident give city or town and State) of foreign birth? yrs. mos. ds.
IAN be	PERSONAL AND STATISTICAL PARTICULARS		AL CERTIFICATE OF DEATH 1801
G Suld class	8. SEX 4. COLOR OR RACE 5. Single, Married, or Divorced (write	the word)  16. DATE OF DEAT	Kept 28 1021
A P P P P P P P P P P P P P P P P P P P	5a. If married, widowed, or divorced HUSBAND of	17 T HEDERY CEPT	(Month) (Day) (Year)  TFY, That I attended deceased from
BIN IS AGE Prop	(or) WIFE of More	Stiller	Lie, to, 19
HIS Fe	6. DATE OF BIRTH (month, day and year)	then 1 day	alive on , 19 , 19
SD F	8th month of Prego Stillerth gesta	hrs. or The CAUSE OF DEA	I, on the date stated above, atm.  I'H* was as follows:
RV IN IN	8. OCCUPATION OF DECEASED	- Anh	Till H
FEING FEING	(a) Trade, profession, or particular kind of work		A sylvania
FAD Care	(b) General nature of industry, business, or establishment in which employed (or employer)	**************************************	(duration) yrs. mos. ds.
Kere of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party of the party	(c) Namé of employer	CONTRIBUTORY (Secondary)	fore smown
MAWITH WITH should plain ction	9. BIRTHPLACE (city or town) Lava Hot Give (State or country)	18. Where was disease if not at place of	duration) yrs. mos. ds.
f, W n sh in P	10. NAME OF FATHER PROPERTY	if not at place of o	$\boldsymbol{\wedge}$
INL ratio	11. BIRTHPLACE OF FATHER City or town Porca le	Was there an autopsy	no
PLA form DEA See	(State or Country)  12. MAIDEN NAME OF MOTHER P	What test confirmed di	grosis? M. D.
면 ·글 본 4층	12. MAIDEN NAME OF MOTHER Pend House	Sept 98 19	2 (Address) Lava Hovepling
WRITE item of j AUSE OF	18. BIRTHPLACE OF MOTHER (city or town) (State or Country)	*State the DISEASE CAUSES, state (1) h whether ACCIDENTAL	CAUSING DEATH, or in deaths from VIOLENT IEANS AND NATURE OF INJURY, and (2) L, SUICIDAL, or HOMICIDAL.
ivery ate C very	14. Informant G.A. Rich M. & Copied from	19. Place of Burial, C	remation, or Removal Date of Burial
is is	(Address) Lava How Spring	20. Undertaker	Address
iour Tour	16. Filed B ct - 2-, 1927 Mrs 9.9.7	Regularar	ANIAAVRU
~ w =	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon		The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon

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Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of CERTIFICATE OF BIRTH [55()()5 Registration District No .... .....State File No..... Primary Registration District No. . Local Registrar's No. Hospital ..... Enhat FULL NAME OF CHILD...... (Certificate of no value without full name of child) Number in order mate? (To be answered only in event of plural births) (Month (Day) What bactericidal solution was used in eves? Number of child of this mother, including present birth Number of child of this mother now living, including present birth FULL NAME MAIDE RESIDENCE COLOR number (Years) BIRTHPLACE OCCUPATION OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE PLAINLY I hereby certify that I attended the birth of this child, who was I Stillborn on the date above stated. *When there was no attending physician or midwife, then the father, householder, (Signature) WRITE etc.. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician Give names added from a supplemental report. Address Registrar.

30 ... c. Ta DEPARTMENT ON PUBLIC WELL MIRRAU OF TEMEST STATISTED CERTIFICATED OF GREEK in the section of the section of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles of the Miles o Private the Professional Language No. 1 1 St. Louis Region atts Marking in TEE NAME OF CHED ... return to me , got 1.3129.1 toton. attender i to the least of the transfer of the property of the TI What bactericidal colution are us a consti-. Stant a rear authorization and an electric blide to semant? FATHER 842.500 PORTER ADA MOREARCOOK LERUISICATE DE VETENDING PHYSICIAM D'R MIDWIEE. the fire that side I berehr certify that I are which the bird's or this child, who was I willborn I at. on the date above stated. The tree was no conding physicism in the Contribute 35 c or minute, the othe father houseaeld as months to nuclearly ster often blooms ors the appropriate confirm that one of history attild forth will be gone about the ground Ten walki ko ncin. (9) ting angers ald discom a constene of all reports Registrar.

. CAUSE OF DEATH on back of certificate.	City of Downey (No	BOARD OF HEALTH Bureau of Vital Statistics File No
DING A PERMANENT RECORD EXACTLY, PHYSICIANS should state N is very important. See instructions o	personal and statistical particulars  3. SEX 4. COLOROR BACE   5. SINGLE, MARRIED, WID OWED OR DIVORCED  (Write the word.)  6. DATE OF BIRTH  (Motth) (Day) (Yes)  7. AGE	MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH  (Morth)  (Day)  17. I HEREBY CERTIFY, That I attended deceased from that I last saw h
WARGIN RESERVED FOR BINN WRITE PLAINLY, WITH UNFADING INK — THIS IS certs, so that it may be properly classified. Exact statement of OCCUPATIO [1] [1] [2] [1] [1] [2] [3] [4] [5] [6] [6] [6] [6] [6] [7] [7] [7] [7] [7] [7] [7] [7] [7] [7	8. OCCUPATION  (a) Trade, profession or particular kind of work.  (b) General nature of industry, business or establishment in which employed (or employer)  9. BIRTHPLACE  (State or Country)  10. NAME OF FATHER  Setty  Advanced  11. NAME OF FATHER	and that death occurred on the date stated above, at 7.25 M.  The CAUSE OF DEATH* was as follows:  Mofesseled Tockut  (Duration) Yrs. mos. ds.  Contributory.  (Secondary) mos. ds.  (Signed) Argungslum M. D.
	11. BIRTHPLACE OF FATHER (State or Country)  12. MAIDEN NAME OF MOTHER  13. BIRTHPLACE OF MOTHER  (State or Country)  14. THE ABOVE STRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Address)  15.	*State the Disease Causing Death; or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.  18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.)  At place  In the of death
E.X	Filed 19 Local Registral Symptons, Co., PRINTERS & BINDERS, BOISE 51088	20. UNDERTAKER Novel Abdress

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

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"Coma," "Convulsions," "Debility," ("Congenital," "Senile,"
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accepted term for the same disease. Examples: Cerebro-

<b>4</b>	PLACE OF BIRTH PLACE OF BIRTH PLACE OF BIRTH PLACE OF BIRTH	STATE OF IDAHO PARTMENT OF PUBLIC WELFARE
e fe	County of Thank	TUREAU OF VITAL STATISTICS
PERMANENT RECORD RETURN must be made for irth stated.		ERTIFICATE OF BIRTH 55056
	No St. Registration District	<u> </u>
NENT mus	B O X-1	District No. 324 Local Registrar's No. 324
PERMANE RETURN m irth stated.	TUBE NAME OF CHARDS	no value without full name of child)
	Sex of Twin and Number in order or other? and (To be answered only in event of plural birth	Date of cong 28 1927  mate? (Month) (Day) (Year)
SEPARATI	What bactericidal solution was used in eyes?	Neofelool
SEPAR order		er of child of this mother now living, including present birth
<b>A 6</b> =	FATHER SEO. M. Schille	FULL MOTHER MAIDEN NAME Lousa Jany Giffont
	RESIDENCE R3. Hully	RESIDENCE R. 3 ( ) Chilley
<b>^</b>	COLOR AGE AT LAST 3/ BIRTHDAY (Years)	COLOR AGE AT LAST 2 2 BIRTHDAY (Years)
H UNFAI one child number	BIRTHPLACE Chia,	BIRTHPLACE Idaho
WITH than of	OCCUPATION Lubrer	OCCUPATION House puper
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
PLAINLY se of more each an	I hereby certify that I attended the birth of this child, who was Stillion at M. on the date above stated.	
	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	ture) Sture Culty //
WRITE —In ca	shows other evidence of life after pirtu.	(Physician or midwife)
N. B.	Give names added from a supplemental report.  Addres	Hally Vda
Z	Filed	ect 3 1927 Mro Wales E. V There Registrar.
	Registrar.	registrar.

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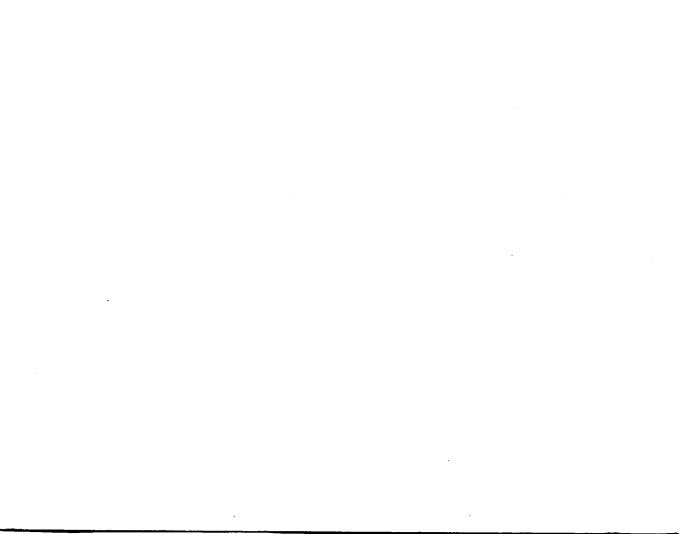
FORM V. S. No. 5-25 M. 1-19. CERTIFICATE OF DEATH State of Idaho BOARD OF HEALTH Bureau of Vital Statistics Registration District No..... County of Primary Registration District No. Registered No .. City of. If death occurs away from If death occurred in a hospital, institution or camp, give its NAME instead of usual residence, give facts called for under special instreet and number. formation. PERSONAL AND STATISTICAL PARTICUL 4. COLOR OR RACE | 5. SINGLE, MARRIED, WID-3. SEX OWED OR DIVORCED 16. DATE OF DEATH 6. DATE OF BIRTH (Month) (Day) I HEREBY CERTIFY. That I attended deceased from (Day) (Month) (Year) IF LESS than 1 day 7. AGE how many..... hrs. or.....min.? 8. OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or estab-lishment in which employed (or employer)..... .....(Duration) 9. BERTHPLACE (State or Country) (Secondary) 10. NAME OF FATHER (Signed) 11. BIRTHPLACE OF FATHER (Address)... (State or Country) *State the Disease Causing Death; or in deaths from Vielent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 12. MAIDEN NAME OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions. Transients or Recent Residents.) 13. BIRTHPLACE OF MOTHER At place In the State.....yrs.....mos of death. (State or Country) Where was disease contracted 14. THE ABOVE IS TRUE TO THE BES KNOWLEDGE if not at place of death?..... (Informant) > usual residence (Address) OF BURIAL OB-REMOVAL DATE OF BURIAL 15. ADDRESS Local Registrar PRINTERS & BINDERS, BOISE 51088

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH 226,00h Registration District No... ...State File No..... (If born in hospital or institution give name.) rim. Registration District No. 94 Local Registrar's No. FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Legiti-Triplet in order birth Child or other? of birth (To be answered only in event of plural births) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother including present birth. (a) Born alive and now living Stillborn. Born alive but now dead FATHER **FULL** each. MAIDEN Residence (Usual place of abode) If nonresident, give place and Stat If nonresident, give place and State Age at last Birthday Color or rac Color or race Birthplace Birthplace. (City and Sta (City and State or Country) Occupation The Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDW I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) *Where there was no attending physician or midwife, then the father, householder, WRITE etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.



925-229-010-20 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of ... Registration District No..... State File No.. Primary Registration District No. 1 Local Begistrar's No. (Certificate of no value without full name of child) Twin Number Date of Legiti-Sex of Triplet in order birth Child or other? mate? (Day) (To be answered only in event of plural births) (Month) (Year) What bactericidal solution was used in eyes?..... order SEP/ Number of child of this mother now living, including present birth_ Number of child of this mother, including present birth FATHER FULL FULL MAIDEN NAME NAME RESIDENC RESIDENCE COLOR COLOR number (Years) (Years) ATTENDING PHYSICIAN OR MIDWIFE+ PLAINLY I hereby certify that I attended the birth of this child, who was I Stillborn on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor CB86 (Signature) WRITE shows other evidence of life after birth. (Physician or midwife) Give names added from a supplemental report. Address ...... ż Registrar. Registrar.

DEPARTMENT OF PERLECERARE BUREAU OF VITAL STATISTICS CERTIFICATE OF PHETH State Mie 20. it eighering leadend No. . . Principal Constraints District No. 10 Case A Resistance No. 10 Case At Resistance No. 10 Case As Associated No. 10 Case As Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. 10 Case Associated No. PRINTE VANIE OF CHILD ..... Children of we will suffice an armitted of To stoll Lordin. 10 298 birth . . . Salauv distille 1 (Menth) (VE) That be an accounted the read of them buthet What bactericidal solution was used in construction and Number of child of this mother new leving, including propert botton . 1. Name of while of this mother, i could be present both FATHER RESIDENCE RESIDENCE 3/9300 trans f: DECUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE: 4 3 miles aso 2 ) .H t herebs certify that I attended the birth of this child, who was i sittlener. This on the Satz above stated. Lacentered gueer of the outgoing of years a , or midwife, then the father he call the ere shead make this return A additional belief is one that neither breathes and s allows reher widence of dec are think Olive maxics added from a supplemental report. -290 (LL) 991 Registrar.

A -	STATE OF IDAE	IO
AB.	RECEIVED SEP 22 1927 DEPARTMENT OF PUBLIC	
<u> </u>	PLACE OF DEATH , BUREAU OF VITAL ST.	
	County of Source CERTIFICATE OF I	DEATH State File No
Jo Jo	County of Registration District No	Local Registrar's No.
c, ]	City of Primary Registration Patrict	No. 2. 1. Dear Registrar's No. 2. 1. No.
ECORD EXACTLY ct stateme	(No. KNS)	Austi
ORD ACTL statem	(If death occurred in a hospital or institution, give its	name instad of street and number.)
RECORI EXAC	2. FULL NAME Lifaut Seenlo	ur
r REC ed EX Exact		St ·
	(Usual place of abode)	(If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.
d-sta	Length of residence in city or town where death occurred. yrs. mos. ds.	
ring N PERMANENT should be state rly classified. H	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ZM. d l ass	8. SEX 4. COLOR OF RACE 5. Single, Married, Widowed, or Divorded (write the word)	16. DATE OF DEATH
PERI	male White streyte	(Month) (Day) (Year)
a Phi	5a. If married, widowed, or divorced	
AGE shoproperly	HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from
A A C	Jul 139-27	, 19, to, 19
	6. DATE OF BIRTH (month, day and year)  7. AGE Years   Months   Days   If LESS than 1 day,	that I last saw h alive on , 19
Fed Ed L	hrs. or	and that death occurred, on the date stated above, atm.
SERVED FOR INK—THE SUPPLIED. IN MALE IN MAY CERTIFICATE.	min.	The CAUSE OF DEATH* was as follows:
Sup sup tific	8. OCCUPATION OF DECEASED	5 month for to
	(a) Trade, profession, or particular kind of work.	
ADING arefully so tha k of ce	(b) General nature of industry.	Thou
ck g r	business, or establishment in which employed (or employer)	(duration) yrs. mos. ds.
	(c) Name of employer	(Secondary)
	2 1.0 6.11	(duration)yrsmosds.
WITH WITH should plain ction	9. BIRTHPLACE (city or town)	18. Where was disease contracted
Sh W	(State or country)	if not at place of death?
K, Erra	10. NAME OF FATHER Of 3. See Score	Did an operation precede death? Date of
E PLAINLY, information F DEATH in t. See instru		Was there an autopsy?
EAT AI	11. BIRTHPLACE OF FATHER (city or town).	What test confirmed diagnosis
7 8 D	11. BIRTHPLACE OF FATHER (city or town). (State or Country)  12. MAIDEN NAME OF MOTHER	(Signed) , M. D.
of i	12. MAIDEN NAME OF MOTHER	, 19 (Address)
WRITE m of i ISE OF	1.,	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT
WRI item o AUSE importa	13. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	(State or Country)	
ery ery	Informant 6 13 Seen 14	19. Place of Burial, Cremation, or Removal
Every state C is very	(Address) of debutally	Ill ole trece sua per 3000
~ 12 ×	15. £/// / N	20. Undertaken
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"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Chook," "Urannie," "Woolmage," of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the story of the "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the

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Registrars should be careful to see that the medical

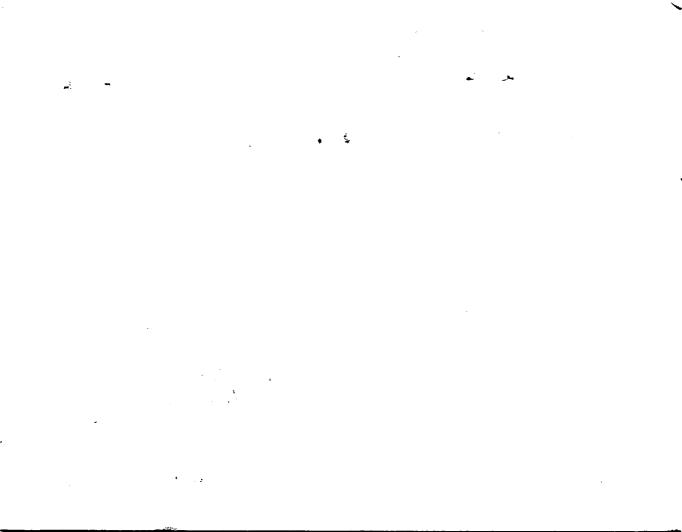
statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

midwife.

head of "Contributory,"

RECORD be made for	PLACE OF BIRTH  County of Balance Figure SEP 2027  City of Balance Figure  Nost.	STATE OF IDAHO REMENT OF PUBLIC WELFARE REAU OF VITAL STATISTICS CERTIFICATE OF BIRTH  155147
N H LEST	Registration Dist  (If form in hospital or institution give mame.)  Prim. Registratio	rict No
ETURN stated		stitute the word "Stillbirth" for name of child)
E R birth	Sex of Twin And Number in order or other? Of birth (To be answered only in event of plural bi	Legiti- mate?  Date of 19.27.  (Month) (Day) (Year)
RA7	What prophylactic was used to prevent Ophthalmia Neo	natorum?
SEPA	Number of child of this mother, including present birth	(a) Born alive and now living
[ 20 °	Born alive but now dead	Stillborn / -
i the	FULL SATHER NAME	FULL MOTHER MAIDEN NAME NAME
2 # 2 2 # 2	Residence Usual place of abode)	Residence (Usual place of abode)
	If nonresident, give place and State Jaho	If nonresident, give place and State
NFAD e child umber	Color or race Age at last Birthday 2 3	Color or race Age at last Birthday (Years)
	Birthplace Country)	Birthplace (City and Staje or Country)
1	Occupation + Occupation	Occupation Tonsel
of more t	I hereby certify that I attended the birth of this child, who was Stillborn at	
PLA 286	( *Where there was no attending physician )	//
E a	or midwife, then the father, householder,	(Physician or midwife)
BA	child is one that neither breathes nor	1 22 Carret 1
zi	shows other evidence of life after birth.   Filed.	Gerry 1947 Registrar.



STATE OF IDAHO RECEIVED SEP 22 1927 PARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH State File No..... Registration District No..... Local Registrar's No. Primary Begistration District No. (If death occurred in a hospital or institution, give its name instead of street and number.) PERMANENT RECORD 2. FULL NAME.. (a) Residence. No...... (If nonresident give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? mos. Length of residence in city or town where death occurred. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS should be 16. DATE OF 5. Single, Married, Widowed, or Divorced (write the word) 4. COLOBOOR RACE 8. SEX null 5a. If married, widowed, or divorced 17. I HEREBY CERTIFY, That I attended deceased from HUSBAND of AGE (or) WIFE of 19______, to_________, 19______ that I last saw h alive on 19 6. DATE OF BIRTH (month, day and year) 7. AGE Months Days Years and that death occurred, on the date stated above, at The CAUSE OF DEATH* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... Z 40. (b) General nature of industry, (duration) _____yrs. ____mos. ___ds. business, or establishment in which employed (or employer) _____ CONTRIBUTORY ..... (Secondary) (c) Name of employer _____(duration) _____yrs. ____mos. ____ds. 9. BIRTHPLACE (city or town) 18. Where was disease contracted (State or country) if not at place of death? Did an operation precede death?...... Date of...... 10. NAME OF FATHER Was there an autopsy? PARENTS 11. BIRTHPLACE OF FATHER (city or town What test confirmed diagnosis? (State or Country) OF *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (city or town)... (State or Country) Informant (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer. Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia,"
"Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably sui-

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cide. The nature of the injury, as fractured skull, and con-

sequences (e. g. sepsis, tetanus) may be stated under the

Do not accept a certificate of death signed only by a midwife.

umamme

head of "Contributory."

	24 PLACE OF BIRTH F46	STATE OF IDAHO			
	RECEIVED OCT 10 1927 EE	STATE OF IDAHO PARTMENT OF PUBLIC WELFARE			
<b>P</b>	County of Boundary	SUREAU OF VITAL STATISTICS			
RECORD be made for	Oity Oil A. S. S. S. S. S. S. S. S. S. S. S. S. S.	CERTIFICATE OF BIRTH 155159			
E 2	No St. Registration District	NoState File No			
ENT	Hospital Primary Registration	District No. Local Registrar's No.			
MANEN UEN mui stated.	FULL NAME OF CHILD Salry Bu	roter			
20 E		no value without full name of child)			
_ <del>= =</del>	Sex of Handle Triplet or other? and of birth (To be answered only in event of plural births	Legiti- Ho Date of Left 1927. (Month) (Day) (Year)			
SEPARATE	What bactericidal solution was used in eyes?				
FHIS DEPAR	Number of child of this mother, including present birth Numb	er of child of this mother now living, including present birth			
7 4 4	FULL FATHER BUVOKER	FULL MOTHER MAIDEN PAR FAIR STRIPFER			
© ≥ 8	RESIDENCE Borners Juny	RESIDENCE Bonners Jury			
<b>A</b> _ <b>T</b>	COLOR White AGE AT LAST 16 (Years)	color white AGE AT LAST 25 BIRTHDAY (Years)			
I UNFA one child number	BIRTHPLACE Wash.	BIRTHPLACE JULIAN.			
the c	OCCUPATION Statistics	OCCUPATION Somerife			
re th	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
E B E	I hereby certify that I attended the birth of this child, who was Stillbern at M. M. on the date above stated.				
E PLAI	*When there was no attending physician	ture) \Sigma_j			
RITE In ca	or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	Physician			
WRITE —In ca	shows other evidence of life after birth.  Give names added from a supplemental report.	(Physician or midwife)			
N.	, 192 Addres	Bonners June Ida-			
×	Filed	9/30/1927			
	Registrar.	Registrax			

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		RECEIVED OCT 10 1000 DEPARTMENT OF PUBLIC BUREAU OF VITAL S	LIC WELFARE DO NOT WRITE IN THIS SPACE		
SC-50		SPIRE AND AND ADDRESS	STATISTICS 58874		
5 5	ı	CHRITICALE OF			
PHYSICIANS ment of 0C-	H	County Registration District No.	T and Wanted at 18		
H		City Primary Registration Distri	OT MO ALL STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF THE STATE OF		
		(No	give its name instead instead of street and number.)		
a H &		2. FULL NAME Baby Burote			
ECORD EXACTLY, Exact stat		(a) Residence. No.	St.		
24		(Usual place of abode) Length of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds/		
stated sified.		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
		3 SEX 4 COLOR OF RACE 5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH,		
d be	î.	simal White	Sept. 2 1th. 1921		
should sperly o	.	5a if married, widowed, or divorced	(Month) (Day) (Year)		
커뮤 S		HUSBAND of (or) WIFE of	17 I HEREBY CERTIFY, That I attended deceased from		
IS A AGE e pro	윯				
	Ħ.	6 DATE OF BIRTH (month, day and year)  7 AGE Years : Months : Days   If LESS then	that I last saw h alive on		
	F.	1 day,hrs.	and that death occurred, on the date stated above, at m.		
NK—TH supplied it may	'ভ	8 OCCUPATION OF DECEASED	The CAUSE OF DEATH® was as follows:		
S T S T	∥هِہ		Stillbone		
that a	back	(a) Trade, profession, or particular kind of work	(Death in retero)		
ADING carefull s, so th	8	(b) General nature of Industry, business, or eartablishment in which employed (or employer)	(duration) yrs mos ds.		
	SI I	(c) Name of employer	CONTRIBUTORY		
UNK be term	<del>;</del> ë∥				
H H H	instructions	9 BIRTHPLACE (city or town) (State or country)			
AITH Should plain		40 MANE OF TATUETO	Did an operation precede death?		
, ä'ä	8	10 NAME OF FATHER Burgleer	Was there an autopsy?		
Hari		11 BIRTHPLACE OF FATHER (att or town)	What test confirmed diagnosis? Stofmanahm of Shin		
EA	ant	11 BIRTHPLACE OF FATHER (altror town) (State or country)  ashrung (or	(Signed) , M. D.		
E PLAINLY, W of information s OF DEATH in ;	important.	12 MAIDEN NAME OF MOTHER	9137/19.22 (Address) Drawing Assure		
E SE	·#	18 BIRTHPLACE OF MOTHER (city of toyo)	*State the DISEASE CAUSING DEATH, or in deaths from VIO-		
WRIT r item ( CAUSE	very	(State or country)	LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.		
	is.	14 Informant H. Bringker	19 Place of Burial, Cremation, or Removal   Date of Burial		
-Every state (	. H	(Address) Branches (Address)	Date of Burial, Ordination, or Removal		
T st	ATION	some of pery sta	20. Undertaker Address		
E H	PA	18 Filed 9:122, 1927	21 D Carol Bons Grown		
يغظ	<b>5</b>	Registrar	A lice and los when the		

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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Do not accept a certificate of death signed only by a midwife.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS County of trakion District No..... .....State File No. Primary Registration District No. Local Registrar's No. (Certificate of no value dithout full name of child) Twin Number Date of Legiti-Triplet in order or other? of hirth mate? (Month) (To be answered only in event of plural births) (Dav) (Year) What bactericidal solution was used in eyes?..... Number of child of this mother, including present bird Number of child of this mother now living, including present birth **FATHER** MOTHER FULL FULL MAIDEN NAME RESIDENC COLOR COLOR number (Years) (Years) BIRTHPLACE BIRTHPLACE OCCUPATION Ě CERTIFICATE OF ATTENDING PHYSICIAN OR I hereby certify that I attended the birth of this child, who was on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Give names added from a supplemental report. Address Registrar. Registrar.

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EPARTMENT OF LEBETSEELINARE BUREAU OF VITAL SIMILETICS CERTIFICATE PRETE designation District No..... .... ... Star Live No...... I ware in beganisal on Lautucting come Megister that the North Park in the self Medistratis No FULL NAME OF CHILD. refault - 1 aries Legit -. Solami What prophylactic eds used to prevent Ophthalialia Securiorem? 🛂 Name roof entitle of this faction, be distinct for a bilitie 🛴 🛴 👑 born after a consistence of Born affect that they deat. - atm ban synty 3/12 therbis man 🖯 🖳 麗麗 ... Hirthing .... Oly and State of Country) CHICARIGATE OF ATTENCING PORSICIAN OF MOUNTER. t horeby certify that I attended the birth of this child, who was a Section of at . .... on the date above stated. Contract Links "Where there was no attending playsician arobinanceal a site sett mais situation to etc., should mak this return. A stillborn duld is one that gotter breather nor ones after evidence of oile after birth.

PHYSICIANS 1 of OCCUPA-	RECEIVED SEP 20 1927 PLACE OF DEATH  CERTIFICATE OF  CERTIFICATE OF	C WELFARE DO NOT WRITE IN THIS SPACE
.∕≣	County of Caldwell Registration District No	Jacob Bogistraw's No X & 4
T RECORD ted EXACTLY Exact stateme	(If death occurred in a hospital or institution, give its  2. FULL NAME Saly Stellman  (a) Residence. No. Caldwell Solaho  (Usual place of abode)	2 # 4 St. (If nonresident give city or town and State)
IDING A PERMANENT S should be state cerly classified. F	PERSONAL AND STATISTICAL PARTICULARS  8. SEX	How long in U. S., if of foreign birth? yrs. mos. ds.  MEDICAL CERTIFICATE OF DEATH  16. DATE OF DEATH  Lucker 19.2  7. I HEREBY CERTIFY, That I attended deceased from
ERVED FOR BINJ G INK—THIS IS J y supplied. AGE nat it may be propt certificate.	(or) WIFE of  6. DATE OF BIRTH (month, day and year) Cugust // /927  7. AGE Years Months Days II LESS than 1 day, hrs. or min.  8. OCCUPATION OF DECEASED  (a) Trade, profession, or particular kind of work.	that I last saw have alive on Stell Box 8//~, 19.27 and that death occurred, on the date stated above, at m. The CAUSE OF DEATH* was as follows:
ARGIN RESTUNFADIN I DE CAREUL terms, so to on back of	(b) General nature of industry, business, or establishment in which employed (or employer)  (c) Name of employer	(duration) yrs. mos./0-/2ds.  CONTRIBUTORY (Secondary)
WITE WITE Should plain ction	9. BIRTHPLACE (city or town) Caldwell (State or country)	(duration) yrs. mos. ds.  18. Where was disease contracted if not at place of death?
TE PLAINLY, ' of information of OF DEATH in ant. See instru	10. NAME OF FATHER Trank Steelman  11. BIRTHPLACE OF FATHER (city or town) (State or Country)  2. MAIDEN NAME OF MOTHER S	Did an operation precede death?  Was there an autopsy?  What test confirmed diagnosis?  (Signed)  X-12, 1927 (Address)
WRI y item o CAUSE y imports	18. BIRTHPLACE OF MOTHER (city or town) (State or Country).	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  19. Place of Burial, Cremation, or Removal   Date of Burial
V. B.—Every hould state ( JON is very	Informant J AM A Colombia (Address) Coldwell Polaho P # 1/ 15. Filed 8-12-, 1927. John S. Mayer Begistrar	Canyon Hill aug 12 1927 20. Undertaker Peckham Caldwell Ide

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Do not accept a certificate of death signed only by a

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PLACE OF BIRTH 249 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE RECEIVED SEP 181927 BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH City of..... Registration District No. State File No. PERMANENT Primary Registration District No. Local Registrar's No. Hospital ..... FULL NAME OF CHILD..... (Certificate of no value without full name of child) Twin Number Date of Legiti-Sex of Triplet in order birth ( Child or other? of birth matel SEPARATE (Month) (Day) (Year (To be answered only in event of plural births) ď What bactericidal solution was used in eyes?..... order Number of child of this mother now living, including present birth Number of child of this mother, including present birth FATHER FULL MAIDEN MOTHER FULL NAME T NAME each, RESIDENCE UNFADING ne child at bil number of each COLOR COLOR AGE AT LAST one child BIRTHDAY BIRTHDAY number BIRTHPLACE BIRTHPLACE OCCUPATION than d the OCCUPATION MDING PHYSICIAN OR MIDW WRITE PLAINLY III case of more I hereby certify that I attended the birth of this child, who was I Stillborn on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife) Give names added from a supplemental report. Address ..... Registrar.

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Ø2 <u>1</u>	STATE OF IDAE	10		
24	RECEIVED SEPTERARIZMENT OF PUBLIC	C WELFARE DO NOT WRITE IN THIS SPACE		
55	PLACE OF DEATH BUREAU OF VITAL ST.	ATISTICS		
is o	CERTRICATE OF 1	DEATH State File No. 3321		
PHYSICIAN t of OCCUP.	County of Casta Registration District No			
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r RECORD ed EXACT Exact state	2. FULL NAME 2017			
	(a) Residence. No	St. (If nonresident give city or town and State)		
E ta	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds.	How long in U. S., if of foreign birth? yrs. mos. ds.		
	PERSONAL AND STATISTICAL PARTICULARS	medical certificate of death $\sqrt{Q}$		
G ERMAN ould be classifie	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed,	16. DATE OF DEATH		
ING PERI should rly clas	Or Diverged (write the word)	aug 28 1927		
N de de	5a. If married, widowed, or divorced	(Month) (Day) (Year)		
BINDIN IS A P AGE sho properly	HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from		
BIN IS AGI proj		ang 28, 1927, to ang 28, 192/		
FOR THIS ed. A	6. DATE OF BIRTH (month, day and year) lug 27, 927	thet I last saw have on 192		
VED FC NK—TB supplied. it may lificate.	7. AGE Years Months Days If LESS than 1 day, hrs. or	and that death occurred, on the date stated above, atm.		
G INK—T.  Is supplied hat it may certificate.	0 0 min.	The SAUSE OF DEATH* was as follows;		
RVE INK sup it i	8. OCCUPATION OF DECEASED	not known		
Set G	(a) Trade, profession, or particular kind of work.			
製品を	(b) General nature of industry,			
RGIN RESE UNFADING be carefully erms, so that a back of ce	business, or establishment in which employed (or employer)	(duration)yrsmos. ds.  CONTRIBUTORY (Secondary)		
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<b>→</b> 6	(c) Name of employer			
	9. BIRTHPLACE (city or town) Challis Ida			
<i>- - - -</i>	(State or country)			
TAE	10. NAME OF FATHER	Did an operation precede death? Date of		
	Thoys Melcaly Dradbury	Was there an autopsy?		
PLAINLY nformation DEATH i	11. BIRTHPLACE OF KATHER (city or town)	(Signed) . S. (Address) M. D.		
La Pictor	(State or Country)			
	11. BIRTHPLACE OF EATHER (city or town) (State or Country)  12. MAIDEN NAME OF MOTHER 4			
WRITE m of i JSE OF	well marie smith	TO LOS DIGITAL OF CATTONIO DELATE - LE 2-45 A VIOLENTO		
WRITE item of it AUSE OF	18. BIRTHPLACE OF MOTHER (city or town)	State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)		
CA ∷	(State or Country)	whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
-Every is state CA is very in	14. Informant Violet marie Smith	19. Place of Burial, Cremation, or Removal Date of Burial		
eta v v	(Address) Challis Chake	Challis Ida. ang 38 181		
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N. B. should TION	Filed ang 3/, 1927. Clarah & Kinney Registrer	V		
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7, 5	(If death occurred in a hospital or institution,				give its name instead instead of street and number.)		
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PERMANENT RECORD hould be stated EXACTLY, PHYS erly classified. Exact statement	PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH			
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	1	emil:	white	5 Single, Married, Widowed, or Divorced (write the word)	Sept	10	2 <b>7</b>
- C					(Month)	(Day)	
S A PERM FE should properly cute.	5a If married, widowed, or divorced HUSBAND of (or) WIFE of			(======================================	(24,)	(1041)	
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IS A AGE or projecte.				ept 10 , 19 27 , to Sept 10 , 19 27			
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	(b) General nature of industry, business, or establishment in						
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2 - 5	9 BIRTHPLACE (city or town)			18 Where was disease contracted if not at place of death?			
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WRITE y item of CAUSE (	(See of Sounday) Into				ENTAL, SUICIDAL, or HO		
F. C. 3	14	Informan 2	ny Mati	KELV	19 Place of Burial, Cren	mation, or Removal	Date of Burial
# # P P P P		(Address)	Cr. igmont R	777.1			)-11- 127
N. B.—Eve should stat CUPATION		(Audress)		PI	•	.2 110	
PAT PAT	15	9-10	27		20. Undertaker itche	TT	Address most
		Filed	19	Registrar			RF
Z 18 5				· · · · · · · · · · · · · · · · · · ·			

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DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

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Do not accept a certificate of death signed only by a midwife.

RECORD be made for	County of SEP 1 6 19 CERTIFICATE OF BIRTH  St. St. CERTIFICATE OF BIRTH
PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORcase of more than one child at birth a SEPARATE RETURN must be made each and the number of each, in order of birth stated.	City of CERTIFICATE OF BIRTH  No
WRITE I N. B.—In c	or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  Address  Filed  Physician or midwife)  Address  Filed  Registration

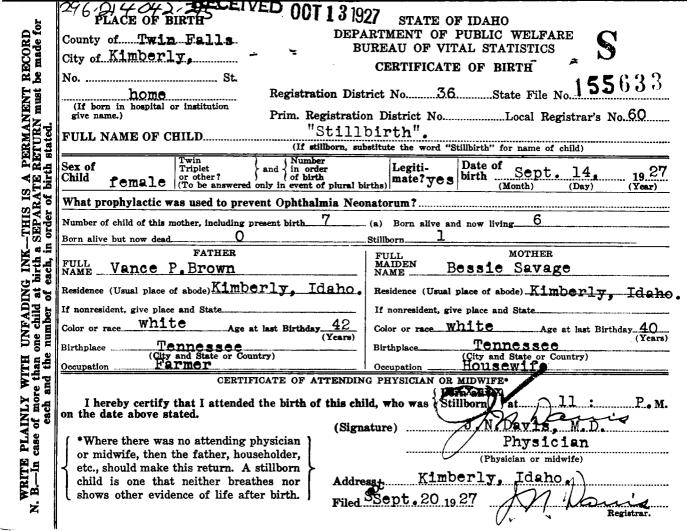
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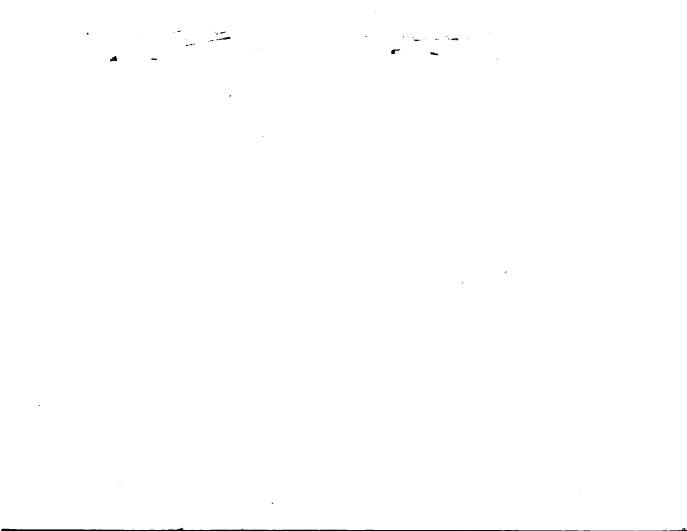
5-117.026 - </95 PLAÇE OF BIRTH STATE OF IDAHO RECORD be made for RECEIVED SFP 1 6 1999 ARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS City of..... CERTIFICATE OF BIRTH LTHIS IS A PERMANENT SEPARATE RETURN must order of birth stated. Registration District No... (If born in hospital or institution Prim. Registration District No. 2/2 Local Registrar's No. 2/2 give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Legiti-Sex of Triplet in order birth ... Child or other? of birth mate? (To be answered only in event of plural births) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth.... Stillborn Born alive but now dead_ ä.5 FATHER MOTHER TILIT each. MAIDEN UNFADING one child at Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State. If nonresident, give place and State Age at last Birthday. Color or race Age at last Birthday. Color or race. Birthplace. Birthplace (City and State or Country) (City and State or Country) Occupation .... Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* more PLAINLY case of mor I hereby certify that I attended the birth of this child, who was on the date above stated. (Signature) *Where there was no attending physician or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn Address ..... child is one that neither breathes nor shows other evidence of life after birth.

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A John Son

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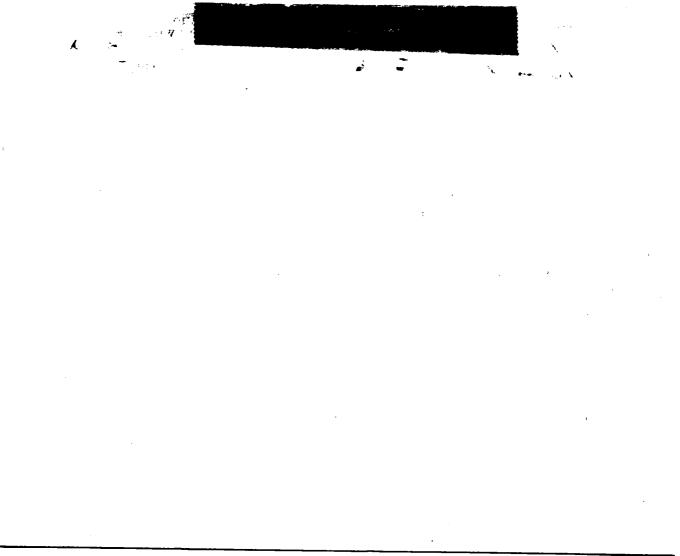
ži si	FORM V. S. No. 5-25 M. 1-19.	CERTIFICATE O	TE OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC V		
non X	1. PLACE OF DEATH	The adiabase Alicas - This start at - No.			TAL STATISTICS
	County of Twin Falls,			State File No	59080
. PA'	City of Kimberly,	Primary Registration Distr		Local Registrar's	
BINDING IS A PERMANENT RECORD should be stated EXACTLY, PHYSICIANS should classified. Exact statement of OCCUPATION is	If death occurs away from usual residence, give facts	(No	St.)	pita	eath occurred in a hos- l, institution or camp, its NAME instead of
	called for under special information. 2. FUL	L NAME (unnamed) Br	own "Still	birth! stre	et and number.
IL, E	PERSONAL AND STATIS		1	CERTIFICATE OI	DEADER
		5. SINGLE, MARRIED, WID-	MEDICAL	CERTIFICATE OF	F DEATH 184-5
tate .	SEE SEE	OWED OR DIVORCED	16. DATE OF DEATH		•
EX.		(Walte the man)		Sept. 14	1927
. rac	female 6. DATE OF BIRTH	(Write the word)	(1	Month) (1	
stat E	i '		17. I HEREBY CERTIFY, That I attended deceased from		
25 2 d	<u></u>	Sept. 14, 1927	Sept.14,	1927 to Sep	t.14. 1927.
		(Day) (Year)	that I last saw h	alive on "Still	lbirth" 19
S LINI Rou Lass	7. AGE	IF LESS than 1 day how many	and that death occurr	all on the data state	11,P.
, WH 80		hrs. or	and that death occurr	eu un ine uale stat	anovo, at
FOR THIS AGE operly	OMosO	dsmin.?	The CAUSE OF DEAT		
	8. OCCUPATION		Prohably hee	en dead over	a week
RESERVED DING INK— Ily supplied: may be pr cate.	(a) Trade, profession or (particular kind of work	•	1100mbiy boo	_+_+_	51 //
A T T O	(b) General nature of in-		8 months ge		
EES INC INC IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELEVISION IN BELVISION IN BELEVISION IN BELEVISION IN BELVISION IN B	dustry, business or estab- lishment in which employ-	· - •	(Dur	ation)yrs	ds.
E E E E	ed (or employer)				
RGIN BESERVED UNFADING INK—I carefully supplied. that if may be pro- certificate.	9. BIRTHPLACE		(Secondary)		maa da
E LE	(State or Country)	(Signed) yrs. mos. ds.			
CK P	10. NAME OF Father	[7]	(Signed)		
roul ba	11. BIRTHPLACE	.Brown,	7.2.019 (Addres	88)/	eerly Sach
MARGIN B.I WEITE PLAINLY, WITH UNFADE in of information should be carefully. DEATH in plain terms, so that it is See instructions on back of certifica	OF FATHER	Tennessee	*State the Disease (Causes, state (1) Mean	Causing Death; or i ns of Injury; and ()	n deaths from Violent 2) whether Accidental,
tfor ons	(State or Country) 12. MAIDEN NAME	Telliessee	Suicidal or Homicidal.		
PLA ima in j	OF MOTHER Bessie	Savage	18. LENGTH OF RE	SIDENCE (For H Recent Residents.)	lospitals, Institutions,
	18. BIRTHPLACE		At place	In the	was the second
RITI of the	OF MOTHER (State or Country)	Tennessee	of deathyrsmo		yrs <b>mosds.</b>
Se Pa	14. THE ABOVE IS TRUE TO T	IE BEST OF MY KNOWLEDGE	Where was disease co	th?	
W. B.—Every item ate CAUSE OF I	(Informant) Vance E		Former or		
SE TA	(informant)	rly, Idaho	usual residence		
E AU	(Address)		19. PLACE OF BURIA	l l	
E C	07	(1)	cremate	1	Sept.2119.27
N. B. state very	Filed Sept. 20, 192	Local Registrar	20. UNDERTAKER	none	ADDRESS
	1	, Incai Degistrar			

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PLACE OF DEPART TO THE IC WELFARE OF BIRTH .....State File No..... Registration District No...... Primary Registration District No. (Certificate of no value without full name of child) Date of birth Number Legitiin order of birth mate? Child or other? (Month) (Year) SEPARATE (To be answered only in event of plural births) ō What bactericidal solution was used in eyes?..... order Number of child of this mother now living, including present birth Number of child of this mother, including present birth FULL FULL MAIDEN NAME birth each. RESIDENCE RESIDENCE H UNFADING one child at bi AGE AT LAST COLOR AGE AT LAST COLOR BIRTHDAY. BIRTHDAY number (Years (Years) BIRTHPLACE BIRTHPLACE OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MI and more WRITE PLAINLY I hereby certify that I attended the birth of this child, who was { Stillborn on the date above stated. *When there was no attending physician Case ( or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwife Give names added from a supplemental report. Address Registrar.



ANS IPA-	RECEIVED SEP	STATE OF IDAR	IO C WELFARE	DO NOT WRITE IN THIS SPACE
55	PLACE OF DEATH	BUREAU OF VITAL ST.	ATISTICS	
PHYSICIAN of OCCUPA	County of County of CERTIFICATE OF		DEATH	State File No. 58744
Je Je	County of	Registration District No	7	
#	City of Ohn Talks	Primary Registration District		Local Registrar's No. 100 -
CI.Y		(No, Co. General	doct.	)
CORD XACT t state	(II) death course		name instead of street and	number.)
ENT RECORD stated EXACTLY, I d. Exact statement	2. FULL NAME John (	Much Hours		
Rand d E. Sand	(a) Residence. No. 536	- suas E	St	
NT ate	(Usual place of abode) Length of residence in city or town where de	ath occurred. yrs. mos. ds.	How long in U. S., if o	If nonresident give city or town and State) of foreign birth? yrs. mos. ds.
- a	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICA	AL CERTIFICATE OF DEATH 14
MA Wasii	8. SEX 4. COLOR OR RACE	5. Single, Married, Widowed,	18. DATE OF DEAT	
ING PERM should rly clas	male white	or Divorced (write the word)	<u> </u>	erio
A de t	5a. If married, widowed, or divorced	<del></del>		(Month) (Day) (Year)
BINDING IS A PERMAN AGE should be properly classifi	HUSBAND of (or) WIFE of		17. HEREBY CERT	TIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day and year)	_	that I last saw h	alive on for dead 19
FOR THIS ed. 4	7. AGE Years Months	Days If LESS than 1 day,		d, on the date stated above, atm,
		hrs. or	The CAUSE OF DEA	
RVED FOUNK—THE Supplied it may	8. OCCUPATION OF DECEASED	the was	Dislosate.	d planeta.
State CE	(a) Trade, profession, or particular kind of work			
N RES FADIN carefull 8, so th	(b) General nature of industry,			
	business, or establishment in which employed (or employer)		***************************************	(duration)yrs mosds.
IRGIN RESUNFADIN UNFADIN be carefull terms, so the	(c) Name of employer		CONTRIBUTORY (Secondary)	
₹ 50				(duration)yrsmosds.
WITH WITH should plain ction	9. BIRTHPLACE (city or town) (State or country)	Xdesto	18. Where was disease	e contracted leath ?
Y, V n s in j truc	10. NAME OF FATHER O	7/		de death?Date of
′- 🗅	X . C	your	Was there an autopsy	?
PLAINL nformatio DEATH See ins	11. BIRTHPLACE OF FATHER (city or	town)	What test confirmed di	gnosis?
_ =	(State or Country)	onco	(Signed)	O. Wegiser, M. D.
WRITE em of in ISE OF portant.	2 12. MAIDEN NAME OF MOTHER	one 2 Monder	, 19.	(Address)
_ \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \frac{2}{2} \fra	13. BIRTHPLACE OF MODIFIER (city of (State or Country)	Horning	*State the DISEASE CAUSES, state (1) I whether ACCIDENTA	CAUSING DEATH, or in deaths from VIOLENT MEANS AND NATURE OF INJURY, and (2) L. SUICIDAL, or HOMICIDAL.
Every i	14:	14/4/6	19. Place of Burial, C	remation or Removal Date of Burial
Eve state	Informant (Address)	to 00 100	Lanina	etak 19
A Table	1 15 0 4 4 5	7	20. Undertaker	Address
F. B. Hould	15. Filed 9-10, 19-27 John	Registrar	J. E. D.	rake. JJ.
ZTE				

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DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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	PLACE OF BIRTRECEIVED OCT 1310	STATE OF IDAHO
for	County of Jan Jace	STATE OF IDAHO EFARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS
KCOKD made 1	City of Zun Tace	CERTIFICATE OF BIRTH
±4.25 ∣	N651 229 042 819 St. Registration Distric	ct No. 37 State File No. 155643
URN must   stated.	Hospital Primary Registration	on District No. 0 85 Local Registrar's No.
	FULL NAME OF CHILD ASSISTANCE OF CERTIficate of	of no value without full name of shild)
	Sex of Twin and Number in order or other? and of birth (To be answered only in event of plural bir	Legiti- mate i   Date of   192 7   192 7   (Month) (Day) (Year)
SEPARATE Order of 1	What bactericidal solution was used in eyes!	oue_
EPAR order		mber of child of this mother now living, including present birth.
_  es =	FULL FATHER NAME Than. a wratherby	FULL MOTHER NAME Europe Hargler
at birth of each,	RESIDENCE Hozellan	RESIDENCE Hayallay
3 ·	COLOR AGE AT LAST BIRTHDAY (Years)	COLOR AGE AT LAST BIRTHDAY (Years)
	BIRTHPLACE Wash	BIRTHPLACE So. Car.
the the	OCCUPATION Zame	OCCUPATION Houseway
~~~	CERTIFICATE OF ATTENDI	NG PHYSICIAN OR MIDWIFE*
of more	I hereby certify that I attended the birth of this ch on the date above stated.	did, who was Stillborn at
TE PI	etc., should make this return. A stillborn behild is one that neither breathes nor	nature) Et Berry
≨	shows other evidence of life after birth. Give names added from a supplemental report.	(Physician or midwide)
N. B	, 192 Addr	
	Registrar.	Registrar.

COMPANY NO OHACIE TO ST MENT OF PUBLIC WHILESON MERCAL OF VILLE STATISTICS 4 -Verlistering District No. State Mis No. . .. Promucy Registrate a Testeret No. 12 ... Local 18 gistrar HALLE NAME OF CRIME a find tuantica opina opina opina opini i opini i opini i opini a ... what -f41: 9.8 roberri baa ! Stoid devide to Credia no to said totally by norm to vian in visite and the What bardeficides solution was used in everdistinct present buth The common time with the base of the contract of or diamenta in tention particular de la salémic renemble. PACHER vacin M 38.5.11 PERMISSION 見むはつつ PALL A PO 100 BIRTHPLACE **ルニー ARUS 30** CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. Sertion arrows ? i berety certify that I attended the birth of this child, who was i stillhern i aton the date above stated. *When there was an attendant playeran. (Biguature) or nidwille then the father, houseln cher ! sten should make this eat a V stillborn and is one that neither breathes no drild some will be some are sense events time austral added from a supplicated topogra-SOUTHLA 201

STATE OF IDAHO RECEIVED NOV 9 1927 DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH State File No..... County of Registration District No.... Local Registrar's No. 🕰 City of Primary Registration District N EXACTLY (No. death occurred in a hospital or institution, give its name instead of 2. FULL NAME... (a) Residence. No..... (If nonresident give city or town and State) (Usual place of abode) Length of residence in city or town where death occurred. How long in U. S., if of foreign birth? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Single, Married, Widowed, 16. DATE OF DEATH orced (write the word) (Day) 5a. If married, widowed, or divorced 17. I HEREBY CERTIFY. That I attended deceased from HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day and ye that I last saw h Months 7. AGE Years and that death occurred, on the date stated above, at..... The CAUSE OF DEATH* was as follows: min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, (duration) _ business, or establishment in which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) (duration) ____yrs. ___mos. BIRTHPLACE (city or town) 18. Where was disease contracted (State or country) if not at place of death? 10. NAME OF EATHER Did an operation precede death Date of... Was there an autopsy? PARENTS What test confirmed disc 11. BIRTHPLACE OF FATHER (city or (State or Country) item o *State the DISEASE CAUSING DEATH, or the deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (State or Country) Burial. Cremation, or Removal of Burial Informant (Address) Registrar

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

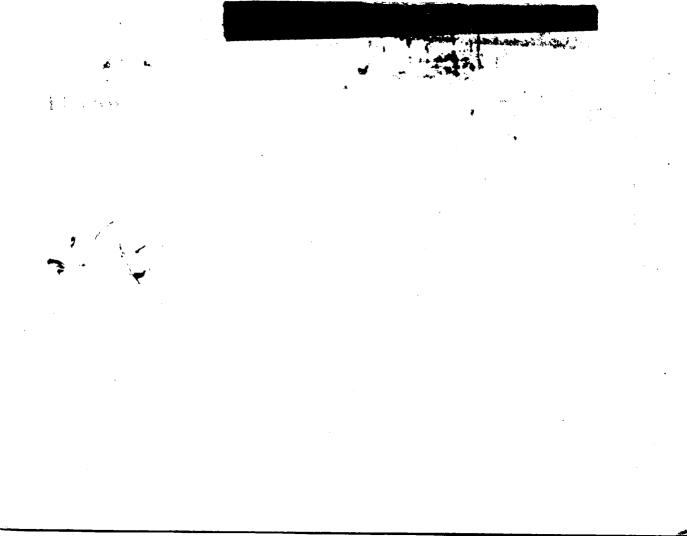
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

midwife.



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uld is	FORM V.	s. No. 5-25 M. 1-19. A CE OF TEST VEI	NOV 1 0 1927	FICATE OF 1	OF DEATH STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE			
D PHYSICIANS should of OCCUPATION is	County of	40.	Registration Dist	rict No	<u> </u>		TAL STATIST CALC	ics C
LNS	City of 1		Primary Registra	tion District	No./ 0 0 7	State File No Local Registr	ar's No.	
25 25 26 26 26 26	If death	occurs away from	(No	••••••	St.)	<u> </u>	If death occurred in	
	called for	idence, give facts under special in	4	2	of Com	<i>ا</i> لا .	pital, institution or give its NAME in	stead of
t of E	formation.	2. FUL	L NAME	James		<u></u>	street and number	
RECORD UTLY, PI Jement o		RSONAL AND STATIS			MEDICAL	CERTIFICAT	E OF DEATH \8°	¥
A CT.	S. SEX	4. COLOR OR RACE	OWED OR DIVO		, DATE OF DEATH	_	. .	
ENT EX	remale	lanecalhan	(Write the wo	nd)	- - -	10	79	19.27
ANI ted	6. DATE OF	BIRTH	(Wille the W			(Month)	(Day)	(Yeaf)
RM sta		10	29	6 7 7 17.	. I HEREBY	ERTIFY, That	I attended decease	d from
NG PE red		(Mont		(Year)	Not a			
NDI A ould assit	7. AGE						Statall	
H SE SE			-	han oul			stated above, at	∠ M.
HIS HIS AGE		.Yrs,Mos	1	(3 /11/16	he CAUSE OF DEAT	DH* was proli	Ows:	T.
d d	8. OCCUPATION			Protracted Labor necessalating				
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SEI G]	(b) Genera	l nature of in- ness or estab-		- t	moutfacel	and f	resent at ?	10
REDING THE ICENT	lishment in	which employ-		Ä	eliary !	ration)	y rs	us,
refusion in the second	ed (or emple 9. BIRTHP	oyer)	Laste John		Contributory (Secondary)		0	••••••
ABC SES		te or Country)	for v. Doc	•	(Du	pation)	yrs. mos.	ds.
A Se Se Se Se Se Se Se Se Se Se Se Se Se	10. NAME (Father	John Ray	Conto		(Signed)			M. D.
WIT nould erms, back	11. BIRTHI	1		11	2919 2 7 (Addre		Chyw .	
LY, n sh in t	OF FATI			Ca	auses, state (1) Mea	ns of Injury; a	or in deaths from nd (2) whether Acc	
AIN] ation plai	12. MAIDE		1		nicidal or Homicidal	· · · · · · · · · · · · · · · · · · ·	W	4-41
P. P. P. P. P. P. P. P. P. P. P. P. P. P	OF MOTI	IEB Hazel	heresa Vtan	18.	LENGTH OF RI Transients or	Recent Residen		tutions,
(TE PL inform \TH.in	18. BIRTHI OF MOTH			At	t place deathvrsn	os. Ddays. In	the Stateprsmos	.()ds.
WRJ DE/ See		te or Country)		w :	here was disease c	ontracted (
t OF	14. THE A1	/D & JL	E BEST OF MY KNO	Fo	not at place of dea ormer or	-		
SE	(Informant)		-21	<u>us</u>	sual residence		<u> </u>	
B.—Every iter te CAUSE OF ry important.	(Addı	ess) Plack		19	FLACE OF BURI	or REMO	AL DATE OF B	UKIAL 10 グ フ
48 k	10.	16 26 2	Milhalu	10 1 de	William Area	mai Jun	ADDRESS	
stal	Filed.	19	Local I	Registrar			Block	
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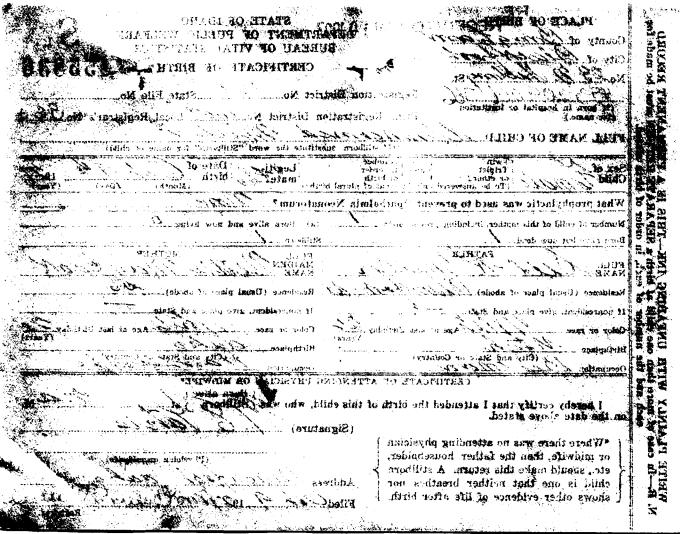
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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD N. R.—In case of more than one child at high a SEPARATE BETWINN must be made for

o	PLACE OF BIRRECEIVED NOV 1 0.1007	STATE OF IDAHO
e I	County of	RTMENT OF PUBLIC WELFARE
180	City of Bluer foot	REAU OF VITAL STATISTICS
9	No 23 M. Shilling St.	CERTIFICATE OF BIRTH = 155836
1 191	493-209006/366 Registration Distr	ict NoState File No
Ē	/74 t . 1	District No. 1007 Local Registrar's No. 360
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stated.		titute the word "Stillbirth" for name of child)
	Sex of Twin Number	Legitime Date of Cal all nor
birth	Child And in order or other? and in order or birth (To be answered only in event of plural bir	mate? birth 192
of l	What prophylactic was used to prevent Ophthalmia Neon	m.
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rd.	l	(a) Born alive and now living O
in D	FATHER A	Stillborn
irth ich,	FULL OUL A Miller	FULL MAIDEN HOTHER COOK
at o	Residence (Usual place of abode) Aucity of	Residence (Usual place of abode)
_	If nonresident, give place and State	If nonresident, give place and State
ne cand number	Color or race Age at last Birthday (Years)	Color or race Age at last Birthday (Years)
5	Birthplace Man	Birthplace dano
the s	Occupation (City and State or Country)	Occupation City and State or Country)
5	CERTIFICATE OF ATTENDING	
a a	Thoush	d. who was Stillborn at
됩	I hereby certify that I attended the birth of this chill on the date above stated.	u, who was summer.
5 0	(Signa	ture) / 1. 6. Parise
1	*Where there was no attending physician	
=	or midwife, then the father, householder, etc., should make this return. A stillborn	(Physician commidmide)
Ī	child is one that neither breathes nor Addres	1 Glack foot down go
•	shows other evidence of life after birth.	Och 9 12 mollature 1 alui
5	r neu. 	Registrar.
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A-A			STATE OF IDA	HO		
4 6	RECEIVED NOV 1 DEPORTMENT OF PUBLIC OF PLACE OF DEATH BUREAU OF VITAL STATE			C WELFARE	DO NOT WRITE IN THIS SPACE	
55					~ 0.4 ~ 0	
SS		10 - 46 0000	CERTIFICATE OF	DEATH	State File No. 59158	
H Z	C	ounty-of.	\ .	121		
4 P	Ci	ty of Called Cott	Registration District No	111	Local Registrar's No. 60	
Υ,	4-	I	rimary Registration District	No. / O /	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
○ <u>F</u> =		. (No)	
E C E		(If death occurred)	n a hospital or institution, give its	name instead of street and	number.)	
EXA EXA	•	FULL NAME	amed M	eller.	And the second s	
r RECORD ed EXACTL Exact statem	£.	no n) Phill			
_ 26g		(a) Residence, No. J. J. (Usual place of abode)	, komunga	St	(If nonresident give city or town and State)	
d. etat	L	ength of residence in city or town where death	occurred. yrs. mos. ds.	How long in U. S., if	of foreign birth? yrs. mos. ds.	
ERMANENT ould be state classified. I		PERSONAL AND STATISTICAL	DADOTOVII ADG	MEDIC	AL CERTIFICATE OF DEATH	
	_					
PERM nould y class	8	4. COLOR OR BACE	5. Single, Married, Widowed, or Divorsit (write the word)	16. DATE OF DEAT	Mat 1	
PERI Should rly clas		mill // hile	3		(Month) (Day) (Year)	
IS A P AGE sho properly	5:	a. If married, widowed, or divorced				
MA		HUSBAND of (or) WIFE of		17 I HEREBY CERTIFY, That I attended degeased from		
AGE prope				wer 9		
2. 22 a ∣	6	. DATE OF BIRTH (month, day and year)	Jef 9, 1927	that I last saw h. 42.	, , , , , , , , , , , , , , , , , , , ,	
	7.	. AGE Years Months Ds	ys If LESS than 1 day,	and that death occurred	d, on the date stated above, at 22m.	
# B E		1) (2)	hrs. or min.	The CAMSE OF DEA	TH* was as follows:	
supl it r	٦.	. OCCUPATION OF DECEASED		Salldy	my 5 months	
		6 -	<u> </u>	due to	aroudent to	
NG I		(a) Trade, profession, or particular kind of work	vl_	mark		
				- ILLOVA		
S K K	١.,	(b) General nature of industry, business, or establishment in which employed (or employer)		***************************************	(duration) yrs. mos. ds.	
UNFAI UNFAI be car terms, s		(c) Name of employer	:	CONTRIBUTORY		
	g	(c) Name of employer		(Secondary)		
					(duration) , yrs. mos. ds.	
WITH WITH should plain ction				18. Where was disease contracted if not at place of death?		
- e P		10. NAME OF FATHER	1/00	Did an operation prece	\sim	
LY, ion H ion		Will	7. Maller	1	$\mathcal{M}_{\mathbf{a}}$	
PLAINLY information DEATH See inst	-	11. BIRTHPLACE OF FATHER (city or to	my from donce of	Was there an autopsy		
A LESS	Ĕ	(State or Country)		What test confirmed the		
	E	mian	<u> </u>	(Signed)	M. D.	
	PARENTS	12. MAIDEN NAME OF MOPHER	mar Carl	Clek 9 19.	2 (Address) Black for the	
WRITE m of ISE OF portant	_	- Illison	may con		the second secon	
WRITE item of AUSE Ol important		18. BIRTHPLACE OF MOTHER (city or to (State or Country)	own)	*State the DISEASE CAUSES. state (1) h	CAUSING DEATH, or in deaths from VIOLENT MEANS AND NATURE OF INJURY, and (2) L, SUICIDAL, or HOMICIDAL.	
i Air		occ.	cho	whether ACCIDENTAL	L, SUICIDAL, OF, HOMICIDAL.	
very	1.		Olen	19. Place of Burial, C	remation, or Removal Date of Burial	
Every state (is very		Informant DI-		Free ma	TI Nuest 10-10-1927	
7 2 2		(Address) Sharlf wer	dakp	day no	MA Hallyost Oct 9"1)	
SE SE	1	5. Filed Oct 9 1927//hal	valus & due	20. Undertaker	Address	
- 45 E		18.2 /// //	Registrar	L Well DS	. My relet 1727071.	

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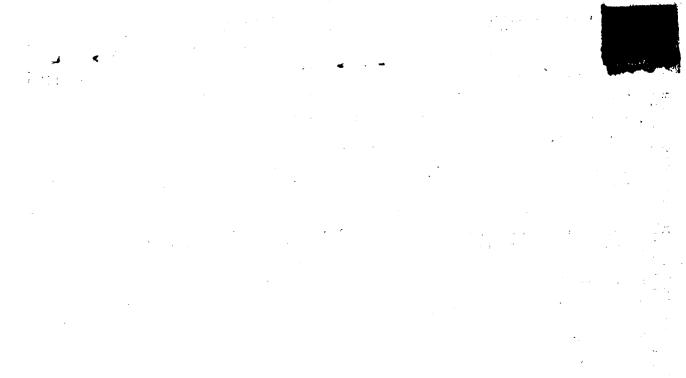
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PLACE OF BIRTH RECEIVED ANT ON 1005	STATE OF II	DAHO	α
ty of Benneall	UREAU OF VITAL	STATISTICS	5
of Ola Falls C	ERTIFICATE (
- CGC -220-110962	No. 73	State File No. 1	55901
Hospital Primary Registration	District New / V	Local Registrar's No	374
FULL NAME OF CHILD	<u> </u>		
(Certificate of	no value without ful	l name of child)	
Sex of Child Twin Triplet or other? (To be abswered only in event of plural births	Legiti- mate? Les	birth 20 (Month) (Day)	192 (Year)
	er of child of this mother no		irth
FATHER PATHER .	FULL MAIDEN NAME	el Por	יע
RESIDENCE Falls	RESIDENCE	Talle.	
COLOR AGE AT LAST 28 . BIRTHDAY (Years)	COLOR ZU.	AGE AT LAST BIRTHD	
BIRTHPLACE Off Falls.	BIRTHPLACE	las Ida	, .
OCCUPATION Labour.	OCCUPATION	Nac 204	<u> </u>
CERTIFICATE OF ATTENDING	PHYSICIAN OR M		
	l, who was Stillbar	n { at 5/30	Д. м.
*When there was no attending physician	Zullow.		
child is one that neither breathes nor	m	40 .	
shows other evidence of life after birth. Give names added from a supplemental report.	Oda, P	hysician or midwife)	
		acco.	
Registrar.	7/17192/	, wyuur	Registrar.
	RECEIVED OCT 22 1922 Ty of Sex Markella	RECEIVED OCT 22 1937 ARTMENT OF PUBLY OF ARTMENT OF PUBLY OF ARTMENT OF PUBLY OF ARTMENT OF PUBLY OF ARTMENT OF PUBLY OF ARTMENT OF PUBLY OF ARTMENT OF PUBLY OF ARTMENT OF PUBLY OF ARTMENT OF ARTMENT OF PUBLY OF ARTMENT	RECEIVED OCT 22 1937ARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CON Of Public Welfare BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH No.575 220 0/0962 Registration District No



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		STATE OF ID	AHO		
502 -L	RECEIVED OCT 22 1927 DEPARE	RTMENT OF PUBLI	C WELFARE	DO NOT WRITE	IN THIS SPACE
N.S. OC-	PLACE OF DEATH				F 0000
of CL	- 0	DEATH,	State File No		
)IS	County of Samuelle Registr	/ 3			
ECORD EXACTLY, PHYSICIANS Exact statement of OC-	City of Oda Falls Primar	t No. $21\sqrt{-0}$	Local Registrar's	No	
H E	(No.		1)	
5 , 4	(If death occurred in a	pospital or institution,	give its name instead in	stead of street and n	imber.)
e H s	2. FULL NAME July //S	reser.			
E CE	(a) Davidanas W.		~·		
ECORD EXACTLY Exact sta	(a) Residence, No		St.		
66 7	(Usual place of abode) Length of residence in city or town where death oc	curred yrs. mos.	ds. How long in U. S.,	if of foreign birth?	or town and State) yrs. mos. ds.
MANENT 1 l be stated classified.	PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL	CERTIFICATE OF D	PEATH CO
E SE	3 SEX 4 COLOR OR RACE 5 Single	Married, Widowed	16 DATE OF DEATH		101
AN be lass	or Divo	, Married, Widowed,	16 DATE OF DEATH		- ~
	gimale 20.		9	2/	
A PERM FE should properly c	5a If married, widowed, or divorced		(Month)	(Day)	(Year)
H 4 5	HUSBAND of		4-		
	(or) WiFE of	li li			tended deceased from
IS A AGE process				19.2.7. to	ly 20 1027,
be be	6 DATE OF BIRTH (month, day and year)		that I last saw h a	live on	
THIS IS A ied. AGE ay be procertificate	7 AGE Years Months Days	If LESS than	and that death occurred,	on the date stated a	bove, at 33 3 /)m.
NK—TH supplied it may k of cer	0 1927, 9 20	1 day,hrs.	حصين	_	
or B	8 OCCUPATION OF DECEASED		The CAUSE OF DEATH	was as follows	
Sur Sur Sur Sur Sur Sur Sur Sur Sur Sur		June 19 Cause of			
G IN ully s that back	(a) Trade, profession, or particular kind of work	····	Cock	refer waring	Called will
호클육의	(b) General nature of industry,	after Bray for born. Patient war unable to			
o sef	business. Or establishment in	1	5 Thell heads	duration)yrs.	mos. de.
	which employed (or employer)		CONTRIBUTORY	, , ,	
ITH UNFAI hould be caplain terms, instructions	(c) Name of employer	1	(Secondary)		***********************************
ic to d	9 BIRTHPLACE (city or town)	7.11.	(duration) vrs.	moe de
VITH should plain instru	9 BIRTHPLACE (city or town) (State or country)		-		
TTH should plain instru	(10000000000000000000000000000000000000	i	18 Where was disease contracted if not at place of death?		
- m -	10 NAME OF FATHER	1 0	Did an operation precede	death? Date	of
See See	agar /	ulson-	Was there an autopsy? _		
PLAINLY, v information F DEATH in portant. See	11 BIRTHPLACE OF FATHER (city or town)				
Pt A ii K	Z (State or country)	Ne.	What test confirmed the	· / / —	***************************************
E PLAIN of inform OF DEAT important	(State or country)	are -	(Signed)	- MATTER ST. M	, M. D.
F. Dort	12 MAIDEN NAME OF MOTHER		9120727,8	(Address)	a talls
iii Of E	" Hazel	/ras.			
E Mil	13 BIRTHPLACE OF MOTHER (city or town)		*State the DISEASE C		
WRI item AUSI very	(State or country)		LENT CAUSES, state (
	- Photo and	-	and (2) whether ACCIDE	NTAL, SUICIDAL, or	HOMICIDAL.
e C	14 Informant Caday Vie	lson 1	19 Place of Burial, Crem	ation, or Removal	Date of Burial
Eve state ION	(Address) Od J. 00 al		V V V	C	1//4
田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	_ (Audited) Saa Halls	•	1 unto Faces) och	Left 2/ 19 2)
B.—Eve ild stat	15		20. Undertaker	And the second	Address
H TOOL H	Filed [19.k.)		Luner		
S. d. D		Registrar		-	1

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for	PLACE OF PRESCIVED NOV 3 1927	STATE OF IDAHO ARTMENT OF PUBLIC WELFARE
ade .	County of Str. Africant	UREAU OF VITAL STATISTICS
RECORD be made fo	City of Stable Falls No.844-116-00-863 st	CERTIFICATE OF BIRTH S 155943
		rict No2.3State File No
NENT must	(If hom in hospital or institution	on District No. 4. 1. e. Local Registrar's No. 40.
ETURN Stated.	FULL NAME OF CHILD Hudman	stitute the word "Stillbirth" for name of child)
LE R birth	Sex of Child Mulc Twinet and Number in order of birth (To be answered only in event of plural bi	Legiti-y Date of J. 192.7 mate? Date of J. 192.7 (Month) (Day) (Year)
IS IS ARA] er of I	What prophylactic was used to prevent Ophthalmia Neo	
SEPA	Number of child of this mother, including present birth	(a) Born alive and now living 4
in o	Born alive but now dead	Stillborn MOTHER
Z ta d	FULL NAME Judman Orthun	FULL MOTHER MADEN NAME Jolley Crusie
S to S	Residence (Usual place of abode) Jako Falla, Suas	Residence (Usual place of shode) Lacho Feell
NFAD e child umber	If nonresident, give place and State	If nonresident, give place and State
one c	Color or race Whate Age at last Birthday 33 (Years)	Color or race Waste Age at last Birthday 3) (Years)
than o	Birthplace Mah. (City and State or Country) Occupation (City and State or Country)	Gity and State or Country) Occupation / Tousew/0
d the	CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE*
INLY of more each an	I hereby certify that I attended the birth of this chi on the date above stated.	ature) Stillborn at 3.00 p. M.
PLAIN case of	(Sign *Where there was no attending physician }	kture)
	or midwife, then the father, householder,	(Physician or midwife)
RITE 8—In	etc., should make this return. A stillborn Addre	88 / dula Tales ela.
Z.	shows other evidence of life after birth. Filed.	(ST/2/ 192) (Alexander)
ļ		was visit or .

* , *	-	
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	140A 2	50				_
ORD ACTLY, PHYSICIANS statement of OCCUPA-	PLACE OF DEATH County of Bonneville City of Idaho Falls	STATE OF IDAI DEPARTMENT OF PUBLIC BUREAU OF VITAL ST CERTIFICATE OF Registration District No	C WELFARE ATISTICS DEATH 7.3 No. 2.1 V. 7	State File No	1 . 9	
RD CT	(If death occurr	(No. L.D.S.Hospital ed in a hospital or institution, give its:	name instead of street and) number.)	•	,
REC 1 EX xact	2. FULL NAME Kenneth Had (a) Residence. No. Idaho (Usual place of abode) Length of residence in city or town where de	Falls R.F.D.#5	St	If nonresident give city	or town and State)	·- -
NE set	PERSONAL AND STATISTIC			L CERTIFICATE OF		=,
DING A PERMANENT should be stated erly classified.	s. sex 4. color or race White	·	16. DATE OF DEATH	ber 16	DEATH 19_2	- 27
BINDING IS A PE AGE shou properly c	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		17. I HEREBY CERT		eceased from	-
E IS	6. DATE OF BIRTH (month, day and year)		that I last saw h			
	7. AGE Years Months O	O If LESS than 1 day, hrs. or min.	and that death occurred The CAUSE OF DEAT	, on the date stated above	re, at 2 p	n.
∞	8. OCCUPATION OF DECEASED (a) Trade, profession, or Baby particular kind of work	January and American American American American American American American American American American American	- State		n _	
ARGIN UNFAD be car terms, a	(c) Name of employer 9. BIRTHPLACE (city or town) Idaho Falls, Idaho (State or country)	(duration) yrs. mos. ds. CONTRIBUTORY (Secondary) (duration) yrs. mos. ds. 18. Where was disease contracted if not at place of death?				
MAWITH Should plain of				8.		
LY, tion s H in	10. NAME OF FATHER Arthur	Hudman	Did an operation preced Was there an autopsy?	le death? Date	; of	
PLAINLY, v nformation s DEATH in See instruc	11. BIRTHPLACE OF FATHER (city of (State or Country) Ogden 12. MAIDEN NAME OF MOTHER	· · ·	What test confirmed dis	gnosis Hol	ester, M. I	 D,
WRITE item of in AUSE OF important.	Saran	Ann Holley	0et. 17, 182		ho Falls, Id	_
	18. BIRTHPLACE OF MOTHER (city of (State or Country) Ogd	en, Utah	*State the DISEASE CAUSES, state (1) M whether ACCIDENTAL	CAUSING DEATH, or i EANS AND NATURE , SUICIDAL, or HOMI	n deaths from VIOLEN' OF INJURY, and (2 CIDAL.	r)
Every is state CA	14. Informant Arthur Hudman		19. Place of Burial, Cremation, or Removal Date of Burial		-	
Ev stat	(Address)	L Idaho Falls, Idaho	Rose Hill, I	daho Falls	Oct.17 192	7
N. B. should	15. Filed (17 , 19)	G Lecture L Registrar	20. Undertaker Jack A, Woo	d	Address Idaho Falls	-

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"Chall," "Wheelers," "Wheelers," at the plant of the state of the symptom of t "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis." etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

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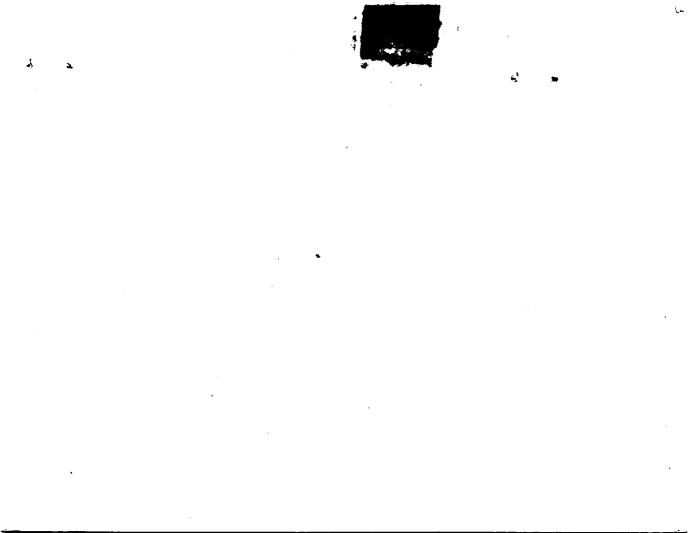
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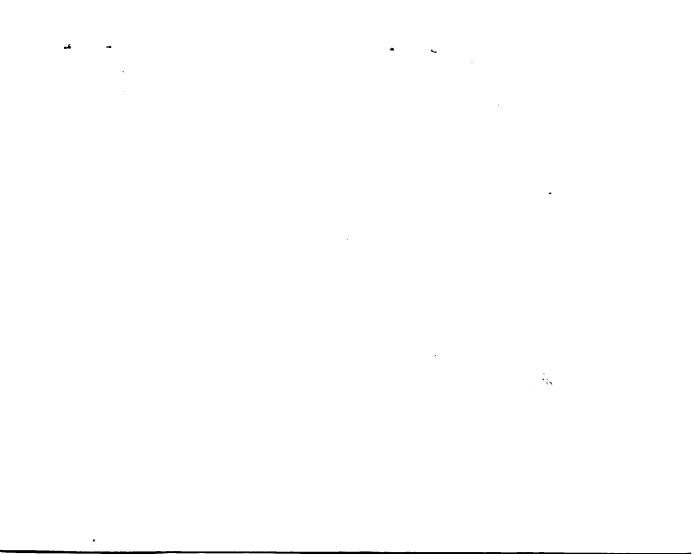
	FORM V. S. NOTHER ELECTION A DICE.	20085
S	FORM V. S. NORECE! VED NOV 10 1927 CERTIFICA 1. PLACE OF DEATH.	TE OF DEATH. 59275 State of Idaho BOARD OF HEALTH
[A]	Registration District No.	Bureau of Vital Statistics
ent C		strict No. 2/83 File No
PHY&ICIAN atement	City of Cattonwood (No.	St.) Registered No.
ets.	if death occurs away from usual residence, give facts called for under special	If death occurred in a hos-
E EX	information. 2. FULL NAME	pital, institution or camp, give its NAME instead of street and number.
S. EXCOL	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
19.5° E E E	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-	
reger L	OWED OR DIVORCED.	16. DATE OF DEATH
E SE SE	(Write the word.)	0-1
MA SA	6. DATE OF BIRTH.	(Month) (Day) (Year)
Bee EE	lch 15 927	17. I HEREBY CERTIFY, That I attended deceased from
A A D D D D D D D D D D D D D D D D D D	(Month) (Day) (Year)	
S S H S S	7. AGE IF LESS than 1 day	that I last saw halive on191
R BIN HIS IS AGE may be	how manyhrs. or	and that death occured on the date stated above, at
OF LETT	8. OCCUPATION	The CAUSE OF DEATH* was as follows:
F Tair	(a) Trade, profession or	Trustiere Cohon des te
	(a) Trade, profession or particular kind of work (b) General nature of industry, business, or estab	Jesforsled appended
EERV ING Illy a	lishment in which employ- ed (or employer)	
RESE FADI areful terms, nports	9. BIRTHPLACE CALLANDO	(Duration) Yrs, mos ds.
NESD Carefu Carefu termi	(State or Country)	Contributory
RGIN TH UI d be plain very i	10. NAME OF OF OM	(Secondary)
	FATHER Clem Venkoff	(Duration yrs. mos. ds.
280	11. BIRTHPLACE Jumphrey	(Signed) Italia J. Orr M. D.
LY, on sh cath	(State or Country)	(Address) Allamand Ila
ZEES	12. MAIDEN NAME	"State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
PLAI nforma E OF D	OF MOTHER (Ignes Seuber)	18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
W 45 F	13. BIRTHPLACE Cottonwood	Transients or Recent Residents.)
H 200	(State or Country)	At place In the of deathyrsmosdays
WR em	14. THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE	Where was disease contracted
y it state	(Informant) Cua France	if not at place of death?
3.—Every its should state	(Address) Cottonwood da	usual residence
	(Address)	19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
H	Dal - 20 2 9/1	elleywood Jag. Oct. 15 192/
ż	Filed Local Registrar	20. PNDERTAKER ADDRESS
	SYMS - YORK CO., PTRS. & SOME. 24658	tr. Pullbord Cottonson Id

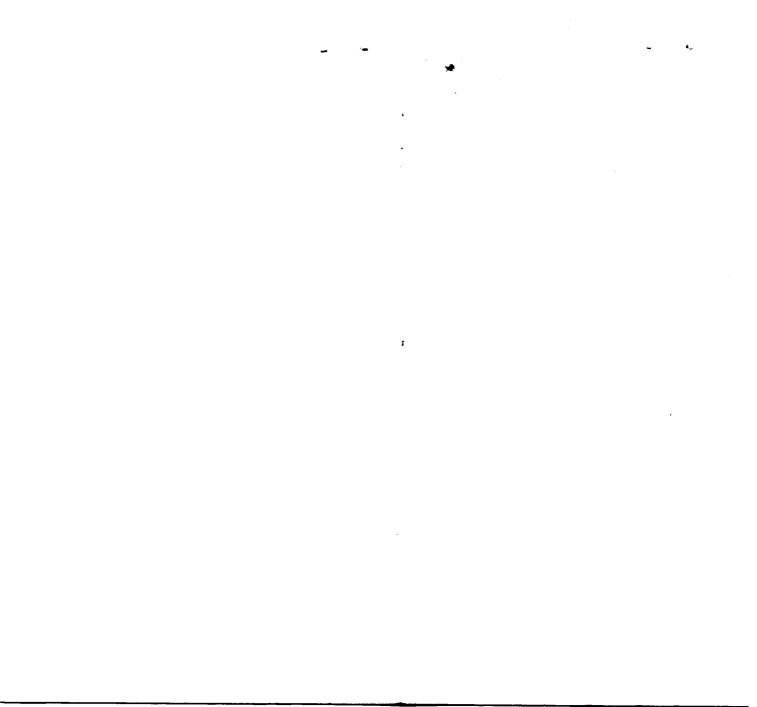
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Form V. S. No. 11-C-25m-7-21-19 STATE OF IDAHO VITAL STATISTICS OF BIRTH RECORD Registration District No Registered No..... Primary Registration District No. Hospital **FULL NAME OF CHILD** RETURN TWD Number Sex of Triplet in order Legiti Date of or other? of birth mate? Birth Child (Day) (To be answered only in event of plural births) (Month) FULL FULL MAIDEN NAME AGE AT LAST 26 AGE AT LAST COLOR BIRTHDAY ... (Years) (Years) BIRTHPLACE OCCUPATION OCCUPATION Number of child of this mother, including present birth 4. Number of children of this mother now living, including PLAINLY CERTIFICATE OF ATTENDIN I hereby certify that I attended the birth of this child, who wa on the date above stated. *When there was no attending physician or midwife then the father, householder, etc., (Signature) should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Given names added from a supplemental report. Registrar





0.	County of Lewho	STATE OF IDAHO PARTMENT OF PUBLIC WELFARE BUREAU OF WITAL STATISTICS				
목을		CERTIFICATE OF BIRTH 156188				
ENT must	·	District NoLocal Registrar's No				
		no value without full name of child) Legitimate? Date of Old 192 (Month) (Day) (Year)				
SEPARATE n order of b						
ا تستع الح	Number of child of this mother, including present birth Num FULL NAME Sep FATHER NAME	FULL MOTHER NAME Cum Grown				
\$ ₹	RESIDENCE Julium	RESIDENCE Lalum				
A_	COLOR AGE AT LAST HERTHDAY (Years)	COLOR AGE AT LAST BIRTHDAY (Yesra)				
H U	OCCUPATION T	OCCUPATION / L				
WRITE PLAINLY WITH N. B.—In case of more than on each and the n	CERTIFICATE OF ATTENDIN I hereby certify that I attended the birth of this chi on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Give names added from a supplemental report.	ature) F5Myll- US (Physician or midwife)				
,-,	Registrar.	Registrar.				

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STATE OF IDAHO 192 DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No. County of Making Exact statement of Registration District No. 100 Local Registrar's N Primary Registration District No... (a) Residence. No. (Hausl place of shode) (If nonresident give city or town and State) Length of residence in city or town where death occurr How long in U.S., if of foreign hirth? PERSONAL AND STATISTICAL BARTICULARS MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed, or Divorced Awrite the word) 16. DATE OF DEATH S. SEX 4. COLOR OR RACE 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) that I last saw h alive on 19 7. AGE Months Years Dava If LESS than 1 day. and that death occurred, on the date stated above, at. The CAUSE OF DEATH* was as follows: 8. OCCUPATION OF DECEASED Helbor (a) Trade, profession, or particular kind of work..... (b) General nature of industry. business, or establishment in which employed (or employer) ... CONTRIBUTORY (c) Name of employer (Secondary) (duration) _____vrs. ____mos. should 9. BIRTHPLACE (city or town) 18. Where was disease contracted (State or country) if not at place of death? Did an operation precede death?_____ Date of f information OF DEATH is Was there an autopsy? _____ What test confirmed diagnosis? (State or Country) CAUSE *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18. BIRTHPLACE OF MOTHER (State or Country) Place of Burial, Cremation, or Removal Date of Burial Informant. (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civilengineer. Stationary fireman, etc. But in many cases. especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner. (b) Cotton Mill: (a) Salesman. (b) Grocery: (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer." etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, er At home, and children not simulty employed, as At school of At home. It has occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Enidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia: Bronchopneumonia ("Pneumonia." unqualified, is indefinite): Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of use of "Tumor" for malignant neoplasms; Measles; Whooping cough: Chronic valvular heart disease: Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident: Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

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Do not accept a certificate of death signed only by a midwife.

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ğ	PLACE OF BIPRECEIVED NOV 9 1927	STATE OF IDAHO	
ادمة	County of M. Linidika DEPA	ARTMENT OF PUBLIC WELFARE	
mad	City of Ressert.	UREAU OF VITAL STATISTICS	
2 2 2		CERTIFICATE OF BIRTH	
	No	156293	
must	(If born in hospital or institution Registration Dist	rict No. 19 State File No. 156223	
	give name.) Prim. Registration	on District No. 2015 Local Registrar's No. 179	
2 2	FULL NAME OF CHILD Stelly	rn V	
		ostitute the word "Stillbirth" for name of child)	
VIE RETURN	Sex of Child Male Twin Triplet or other? (To be answered only in event of plural by	Legiti- mate? 45 Date of 10 1927 (Mooth) (Day) (Year)	
of E	What prophylactic was used to prevent Ophthalmia Neo		
SEPARA order of	Number of child of this mother, including present birth	(a) Born alive and now living 7	
8.E	Born alive but now dead	Stillborn	
birth a	FULL Glerman allyst huson	MAIDEN MARY M. Marlindale	
44	Residence (Usual place of abode)	Residence (Usual place of abode)	
child mber	If nonresident, give place and State	If nonresident, give place and State	
	Color or race Age at last Birthday (Years)	Color or race While Age at last Birthday 10	
ng	Birthplace Wak	Birthplace (Years) (City and State or Country)	
than id the	Occupation (City and State or Country)	Occupation Country)	
달	CERTIFICATE OF ATTENDIN		
ch an	I hereby certify that I attended the birth of this child, who was Stillbern at M. M. M. M. Stillbern at M. M.		
7 S	1	sture) at the line	
See	` •	me	
)	*Where there was no attending physician or midwife, then the father, householder,	(Physician or midwife)	
4	ata should make this noturn. A stillhown	Sulat. Laa	
m l	child is one that neither breathes nor	MAN 9 20 AEAE L	
ż	shows other evidence of life after birth. Filed	Registrar.	

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STATE OF IDAHO PERMANENT RECORD
RETURN must be made for irth stated. NOV 1 0 1927 DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No. 96 State File No. Primary Registration District No. 1009 Local Registrar's No. (Certificate of no value without full name of child) Number Date of Legitibirth Sex of in order 2 Triplet Child or other? matel (To be answered only in event of plural births) (Month) (Year) (Day) SEPARATE 7 What bactericidal solution was used in eyes?..... order __Number of child of this mother now living, including present birth______ Number of child of this mother, including present birth... **MOTHER** FATHER FULL FULL MAIDEN birth a S NAME NAME each. RESIDENCE WITH UNFADING than one child at 7 COLOR COLOR BIRTHDAY. BIRTHDAY number (Years) BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION the CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE+ MOLE I hereby certify that I attended the birth of this child, who was i-Stillivorn on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor (Signature) shows other evidence of life after birth. (Physician or midwife) Give names added from a supplemental report. Registrar. Registrar.

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE PHYSICIANS ement of 0C-BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No.... Registration District Local Registrar's No ... or institution, give its name instead instead of street and number.) death occurred in a hospital (a) Residence. No..... (Usual place of abode) (If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds. Length of residence in city or town where death occurred mos. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed. 16 DATE OF DEATH or Divorced (write the word) (Month) (Day) 5a If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of ₹ 6 DATE OF BIRTH (month, day and year) Months Days LESS than and that death occurred, on the date stated above, at day, ...hrs. ОГ min. OF DEATH* was as follows: 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in duration) which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) (duration) yrs. ... mos. BIRTHPLACE (city or town) (State or country) 18 Where was disease contracted if not at place of death? Did an operation precede death 260 Was there an autopsy? 11 BIRTHPLACE OF FATHER (city What test confirmed (State or country) importan 10 12 MAIDEN NAME OF MOTHER OF. *State the DISEASE CAUSING DEATH, or in deaths from VIO-CAUSE 13 BIRTHPLACE OF MOTHER (c)(y) for toyon) LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, (State or country) and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL, Informant 19 Plage of Burial, Cremation, or Removal state Date of Burlai NOI (Address 20. Indertaker Registrar

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Do not accept a certificate of death signed only by a midwife.

849 109 2035 75/3					
PLACE OF BIRECEIVED NOV 1 0 1922	STATE OF IDAHO PARTMENT OF PUBLIC WELFARE				
	BUREAU OF VICEL STATISTICS				
County of ffly faire	CERTIFICATE OF BIRTH				
City of Lesquelon	No. 96 PNIONO 156252				
NoSt. Registration District	No. File No. 1000				
Hospital St. Joseph Primary Registration	District No. 100 9 Registered No.				
FULL NAME OF CHILD Suchard M.	iles Triigles				
(Certifi	cate of no value without full name of ghild.)				
Sex of Male Twin Triplet or other? (To be answered only in event of plural bin	Legiti- yes Date of A 9 7 192. (Month) (Day) (Year)				
What bactericidal solution was used in eyes?	<i>V</i>				
Number of child of this mother, including present birth Nu	mber of child of this mother now living, including present birth O				
FULL FATHER NAME Mah & M. Grigley	MAIDEN Wales Wall				
RESIDENCE Varberton, Washington	Clarketon, Washington				
COLOR AGE AT LAST 4 5 BIRTHDA (Years)	COLOR AGE AT LAST BIRTHDAY (Years)				
BIRTHPLACE Melinasha	BIRTHPLACE Idaho				
OCCUPATION AS MILL	OCCUPATION / Lawrence				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who on the date above stated.					
(*When there was no attending physician or)	() Alley				
midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Herriston				
Give names added from a supplemental report.	- I win				
, 19 Address	Sugar & Barre				
Registrar.	Registrar.				
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י מז	RECEIVED NOV 1 0 1927	STATE OF I	IC WELFARE DO	NOT WRITE IN THIS SPACE	
EXACTLY, PHYSICIANS Exact statement of 0C-	PLACE OF DEATH	DEATH BUREAU OF VITAL S CERTIFICATE OF		te File No. 59340	
of SICI	County of Nez perce.	Registration District No	Dia Dia	to File No	
est		Primary Registration Distri		ocal Registrar's No	
ten F	(NoStJoseph hospital				
Sta sta	2. FULL NAME Richard Miles Quigly				
ACT act				Olevier Weeksen	
	(Usual place of abode) Length of residence in city or town where d		dr. How long in U. S., if of	Clarkston Washington. resident give city or town and State) foreign birth? yrs. mos. \(\lambda_{\text{ds}}\).	
PERMANENT REGORD hould be stated EXACT erly classified. Exact	PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
ANE be si assid	3 SEX 4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH		
N C C	Male. White.	Single.	October 7t	h. 1927. 19	
PERMAN should be perly class	5a If married, widowed, or divorced HUSBAND of (or) WIFE of				
الماضا			17 CHEREBY CERTIFY, That I attended deceased from 19 19 19		
S IS A A Effica	6 DATE OF BIRTH (month, day and year)	10/7/27.		on	
THIS IS Applied. AGE may be proceeded.	7 AGE Years Months Da		and that death occurred, on	the date stated above, at m.	
INK—THIS y supplied. at it may b ack of certifi	U		The CALISE OF DEATHS was as follows:		
HIY SU That it back	TO TOTAL OF PEOPLOSED				
	(h) Camanal makeus ad tuet d		Should	les presentation	
UNFADING I be carefully terms, so that actions on bac	business, or establishment in which employed (or employer)		(duration) yrs. mos. ds.		
ITH UNFAI hould be caplain terms, instructions	(c) Name of employer				
UNI d be tern	9 BIRTHPLACE (city or town) Lew	iston,	(dura	tion) yrs mos ds.	
WITH t should a plain te instru		ho.	18 Where was disease contracted If not at place of death?		
⊳ ∞ ′	40 NAME OF FATUES		Did an operation precede death?		
	# 11 BIRTHPLACE OF FATHER (city or town)				
EAT ant.	(State or country) Nebraska. 12 MAIDEN NAME OF MOTHER Eva Watt,				
PLAINLY, v information F DEATH in portant. See					
M 40 8					
WRITE item of AUSE 0	13 BIRTHPLACE OF MOTHER (city or town) (State or country) Idaho.		LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,		
			and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
H. 9.11	111101111111111111111111111111111111111		19 Place of Burial, Cremation	·	
1 5:1	(Address) Lewiston, Idaho	•	Lewiston, Idaho	. 10/8/27. 19	
N. B.—Eve should stat CUPATION	15 Filed, 19	Registrar	Brower-Wann Compan		
N 450 Registrar			- Promer - worth comban	A HEMISCOIL TORUG	

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PLACE OF BIRTH	STATE OF IDAHO		
	PARTMENT OF PUBLIC WELFARE		
County of Aller	BUREAU OF VITAL STATISTICS		
m m m m m m m m m m	CERTIFICATE OF BIRTH		
City of	156340		
Not 207 203 040 268 Registration District	No. 70 State File No. 10010		
Hospital Primary Registration	District No. 19. Local Registrar's No. 13.		
FILL NAME OF CHILD Stille			
	no value without full name of child)		
C Twin (Number	Date of / '> 7		
Child Triplet and in order of birth	metes birth 199		
	(Month) (Day) (Year)		
What bactericidal solution was used in eves?	,		
2	<i>i</i>		
	ber of child of this mother now living, including present birth		
	FULL MOTHER		
(Imax/// Trackson)	NAME under Joekel		
RESIDENCE	RESIDENCE		
mue da	- Mace da		
COLOR /, AGE AT LAST 29	color AGE AT LAST BIRTHDAY 29		
(Years)	(Years)		
BIRTHPLACE /	BIRTHPLACE 700		
- Municola	- reminer.		
OCCUPATION 7	OCCUPATION TO A SECOND		
CERTIFICATE OF ATTENDIN	G PHYSIC IN OR MIDWIFE+		
V Boom-alive			
I hereby certify that I attended the birth of this chil	d, who was Stillborn at M.		
1	MINITERIA		
	ture) ACA /WWW / VV		
etc., should make this return. A stillborn	Pl		
child is one that neither breathes nor	(Physician or midwife)		
Give names added from a supplemental report.	(Physician of manyare)		
li Admon	5 Mallace, Saa.		
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	Registrat		
	County of		

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STATE OF IDAHO NOV 1 4 DEPARTMENT OF PUBLIC WELFARE NOV 1 4 DEPARTMENT OF VITAL STATISTICS DO NOT WRITE IN THIS SPACE PHYSICIANS tement of 0C-CERTIFICATE OF DEATH State File No..... Local Registrar's No. 22 Primary Registration District No. If death occurred in a hospital or institution, give its name instead instead of street and number.) (a) Residence. (If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds. (Usual place of abode) Length of residence in city or town where death occurred mos. should be stated MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3/8/EX R RACE 5 Single, Married, Widowed, 16 DATE OF DEATH or Divorced (write (Day) (Month) properly 5a If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY, That I attended deceased from 17 (or) WIFE of that I last saw his 6 DATE OF BIRTH (month, day and year) and that death/occurred, or the date stated above, at If LESS 7 AGE Years Months Days than 1 or day, was as followed .min. 8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. that (b) General nature of Industry, business, or establishment in (duration) yrs. mos. which employed (or employer) CONTRIBUTORY terms, (c) Name of employer (Secondary) (duration) yrs. mos. ___ BIRTHPLACE (city or town) plain 18 Where was disease contracted (State or country) If not at place of death?... Did an operation precede death?..... Date of Was there an autopsy? DEATH What test confirmed 11 BIRTHPLACE OF FATHER (State or country) important. 12 MAIDEN NAME OF CHEE OF. *State the DISEASE CAUSING DEATH, or in deaths from VIO y item o CAUSE 13 BIRTHPLACE OF MOTHER (city LENT CAUSES, state (1) MEANS AND NATURE OF INJURY. very (State or country) and (2) whether ACCIDENTAL, SUICIDAL. or HOMICIDAL. Date of Burlal j. Cremation, Informant. CUPATION (Address) Address

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term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report 'Typhoid Pneumonia'); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of ______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease: Chronic Interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma." 'Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock, "Weakness." etc.. when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia." "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICID-AL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by rallway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

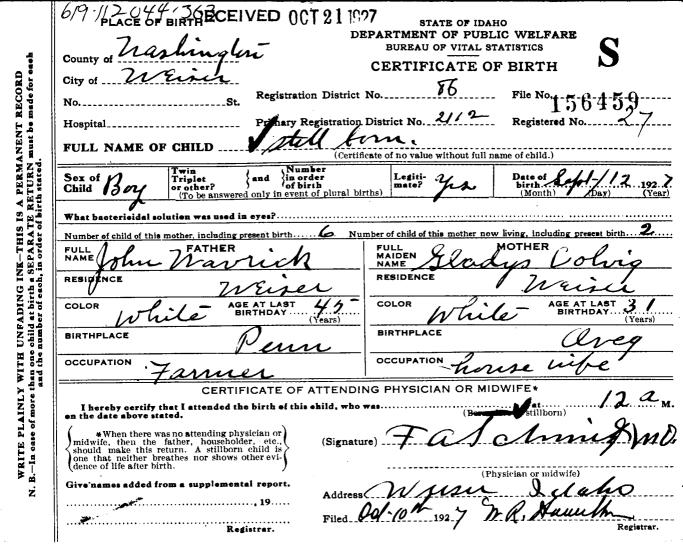
DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

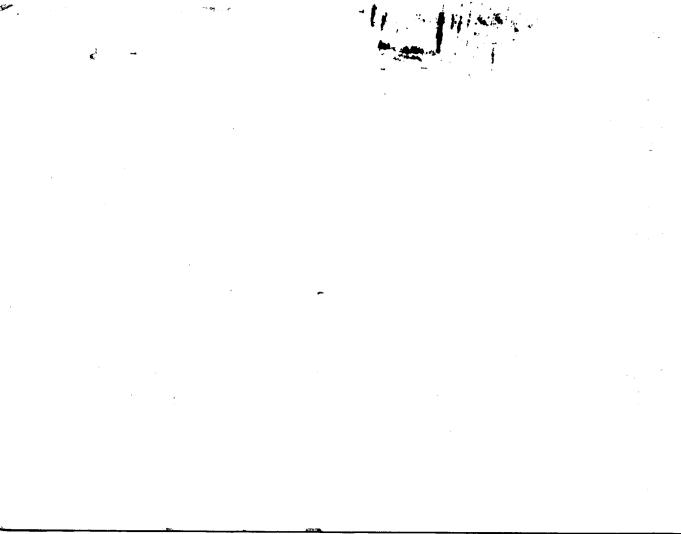
Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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Do not accept a certificate of death signed only by a mid wife.





RECORD EXACTLY, PHYSICIANS act statement of OCCUPA-	PECEIVED DEC 2 1927 PLACE OF DEATH County of Plaine City of Primary Registration District (No. (If death occurred in a heapital or institution, give its respectively) 2. FULL NAME STATE OF IDAM DEPARTMENT OF PUBLIC Registration District No. (No. (If death occurred in a heapital or institution, give its respectively)	DO NOT WRITE IN THIS SPACE State File No. 59506 No. 2025 Local Registrar's No. 35		
NG PERMANENT 1 tould be stated g classified. Ex	PERSONAL AND STATISTICAL PARTICULARS	How long in U. S., if of foreign birth? yrs. mos. ds. MEDICAL CERTIFICATE OF DEATH		
BINDING IS A PERM AGE should properly class	5. SEX 4. COLOR OR RACE or Divorced (write the word) 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	16. DATE OF DEATH (Month) (Day) 19. 7 17. I HEREBY CERTIFY, That I attended deceased from		
ID FOR (—THIS plied. may be cate.	6. DATE OF BIRTH (month, day and year) Cey - 5 - /927 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	that I last saw h alive on 19 and that death occurred, on the date stated above, at 30 Jm. The CAUSE OF DEATH* was as follows:		
RGIN RESERVE UNFADING INK be carefully sup erms, so that it n back of certifii	8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry, business; or establishment in which employed (or employer)	(duration)mosds.		
MARG NLY, WITH UN ttion should be IH in plain tern instruction on b	9. BIRTHPLACE (city or town) Garcy Adaho- (State or country)	(Secondary) (duration) yrs. mos. ds. 18. Where was disease contracted if not at place of death? Did an operation precede death? Date of		
PLAID nforms DEAT See	11. BIRTHPLACE OF FATHER (city or town) (State or Country) Missouri	Was there an autopsy? What test confirmed dagposis? (Signed) Orus H. Wught, D. D.		
WRITH item of AUSE Oi importan	18. BIRTHPLACE OF MOTHER (city or town) (State or Country) (Litable)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
v. B.—Every hould state Cilon is very	14. Informant Object It. Wright - 171. D. (Address) Hailey, Ida - 15. Filed 10 - 6, 19 17 Pokent It. Wright - Registers	19. Place of Burial, Cremation, or Removal Date of Burial 10 - 6 19 2 20. Undertaker Address		

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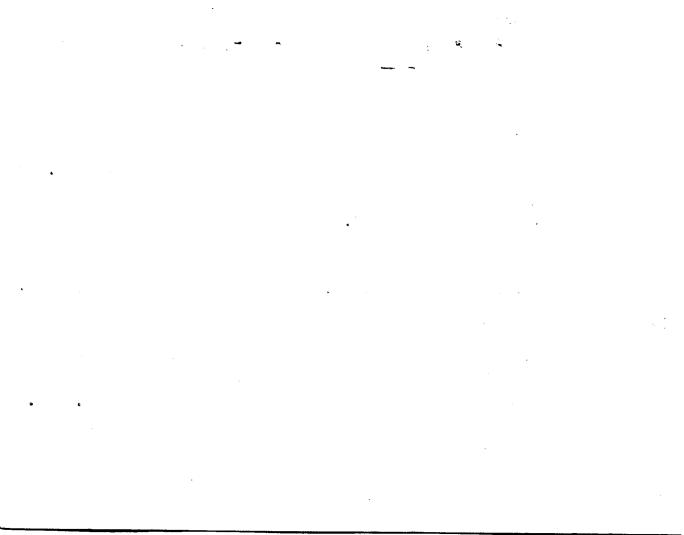
FORM V. S. No. 5-25 M. STATE OF IDAISO PLACE OR SEEFIVED AUG & FARTMENT OF PUBLIC W BUREAU OF VITAL STATISTIC Registration Dista. State File No. Primary Registration District No. 2201 City of Kellogs Local Registrar's No..... It death occurs away from If death occurred in a hospital, institution or camp, usual residence, give facts ive its NAME instead of called for under special in-2. FULL NAME Dernard Christophe Ostreet and number. formation. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4. COLOR OR BACE 5. SINGLE, MARRIED, WID-R. SEX OWED OR DIVORCED 16. DATE OF DEATH. (Write the word) (Month) (Day) 6. DATE OF BIRTH I HERERY CERTIFY. That Lattended deceased from 17. (Month) (Day) that I last saw h..... alive on 7. AGE IF LESS than 1 day how manyhrs. or The CAUSE OF DEATH was as follows: _____Yrs______ds.......ds...... 8. OCCUPATION (a) Trade, profession or particular kind of work Labe (b) General nature of industry, business or establishment in which employed (or employer)..... Contributory -. (Secondary) 9. BIRTHPLACE (State or Country) 10. NAME OF Father 11. BIRTHPLACE *State the Disease Causing Death; or in daths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, OF FATHER (State or Country) Suicidal or Homicidal. 12. MAIDEN NAME 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, OF MOTHER Transients or Recent Residents.) 13. BIRTHPLACE In the At place OF MOTHER of death.....yrs.....mos.....days. State.....yrs.....mos......ds. (State or Country) Where was disease contracted if not at place of death?..... TO THE BEST OF MY KNOWLEDGE CAUSE OF important. Former or (Informant) -Every CAUSE usual residence (Address) 15. ADDRESS

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE RECTIVED DEC 3 1927 DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH State File No.... County of ... 4. Registration District No..... Local Registrar's No. Primary Registration District No. 2 RECORD (If death occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME..... (a) Residence. No..... (If nonresident give city or town and State) PERMANENT (Usual place of abode) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16. DATE OF DEATH Single, Married, Widowed, or Divorced (write the word) 3. SEX 4. COLOR OR RACE 5a. If married, widowed, or divorced 17. I HEREBY CERTIFY, That I attended deceased from HUSBAND of (or) WIFE of that I last saw h..... alive on. 6. DATE OF BIRTH (month, day and year) If LESS than 1 day, Days and that death occurred, on the date stated above, at.... 7. AGEhrs. or The CAUSE OF DEATH* was as follow min. 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work (b) General nature of industry. (duration) business, or establishment in which employed (or employer) CONTRIBUTORY (Secondary) (c) Name of employer (duration) ____yrs. ___mos. ___ds. should ction 9. BIRTHPLACE (city 18. Where was disease contracted (State or country) if not at place of death? Did an operation precede death? Date of Was there an autopsy? What test confirmed diagn 11. BIRTHPLACE OF FATHER (city or town) (State or Country) *State the DISEASE CAUSING DEATH. or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 13. BIRTHPLACE OF MOTHER (city or tow (State or Country) Place of Burial, Cremation, or Removal Informant (Address)

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STATE OF IDAHO County of Mucholia DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No..... State File No.... in hospital or institution Registration District No. 2013 Local Registrar's No. 205 give name.) FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of child Twin Number SEPARATE R. order of birth Legiti-Date of Sex of Triplet and in order birth . Child or other? of hirth mate ML (To be answered only in event of plural births) (Month) (Day) What prophylactic was used to prevent Ophthalmia Neonatorum 1 SEP. Number of child of this mother, including present birth. (a) Born alive and now living Born alive but now dead... Stillborn FATHER MOTHER FULL MAIDEN Residence (Usual place of abode) Residence (Ususti olace of If nonresident, give place and State If nonresident, give place and State Age at last Birthday.Age at last Birthday Color or rac (Years Birthplace Birthplace (City and State or Country) (City and State of Country) Occupation CERTIFICATE OF A TENDING PHYSICIAN OR MIDWIF esch and Thereby certify that I attended the birth of this child, who was i on the date above stated. (Signature) *Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth.

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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE DO NOT WRITE IN THIS SPACE PLACE OF FRANKE 8 1927 BUREAU OF VITAL STATISTICS State File No..... CERTIFICATE OF DEATH County of Mines Registration District No..... Local Registrar's No. City of //... Exact statement Primary Registration District No. 20. death occurred in a pospital of institution, give its name instead of street and number.) _____St. Residence. No..... (If nonresident give city or town and State) (Usual place of abode) ds. How long in U. S., if of foreign birth? yrs. mos. Length of residence in city or town where death occurred. yrs. mos. classified. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS Single, Married, Widowed 16. DATE OF DEATH 3. SEX COLOR OR RACE (write the word 5a. If married, widowed, or divorced 17. I HEREBY CERTIFY, That I attended deceased from HUSBAND of (or) WIFE of alive on. 6. DATE OF BIRTH (month, day and year) that I last saw h____ 7. AGE Years Months and that death occurred, on the date stated above, at..... The CAUSE OF DEATH* was as follows: 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry. (duration) _____yrs. ____mos. ___ds. business, or establishment in which employed (or employer CONTRIBUTORY (c) Name of employer (Secondary) (duration) yrs, mos, ds 9. BIRTHPLACE (city or town 18. Where was disease contracted (State or country) if not at place of death? 10. NAME OF FATHER Did an operation precede death? Date of OF DEATH Was there an autopsy? . 11. BIRTHPLACE OF FATHER What test confirmed diagnesis (State or Country) (Signed) 12. MAIDEN NAME OF MOTHER AUSE *State the DISEASE CAUSING DEATH, or the deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 13. BIRTHPLACE OF MOTHER (State or Country Place of Burial, Cremation, or Remo Date of Burial Informant (Address)

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH-Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs. meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock" "Urromis," "Well-read" "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS-Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a

midwife.

STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE be made for BUREAU OF VITAL STATISTICS County of Registration District No.... Primary Registration District No stated. RETURN (Certificate of no value without full name of child birth Number Date of Twin Legitiin order Triplet birth of birth Child or other? mate (Year) (To be answered only in event of plural births) (Month) (Day) What bactericidal solution was used in eyes?.... SEP Number of child of this mother, including present birth Number of child of this mother now living, including present birth FULL PULL. MAIDEN NAME NAME each, RESIDENCE # 5 COLOR COLOR number (Years BIRTHPLACE OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE+ PLAINLY I hereby certify that I attended the birth of this child, who was on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor WRITE shows other evidence of life after birth. Physician or midwife) Give names added from a supplemental report. Registrar. Registrar.

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Course of

RD. FLY, PHYSICIANS act statement	FORM V. S. No. 5-25 M 1-16-13 RECEIVED DEC 13 1007 CERTIFICATE 1. PLACE OF DEATH. Registration District No. Primary Registration District No. (No. d death occurs away from usual residence, give facts called for under special information. 2. FULL NAME	Bureau of Vital Statist District No 2/9 8 St.) Registered No. If death occurred in a pital, institution or certific its NAME instance.		
RECO EXAC I. Exac	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-	MEDICAL CERTIFICATE OF DEATH		
NENT I stated I classified	Wale While Dwg Liche word.)	16. DATE OF DEATH		
RMA d be erly ack o	6. DATE OF BIRTH.	(Month) (Day) (Year) 17. I HEREBY CERTIFY. That I attended deceased from		
A PE shoul prop on b	(Month) (Day) (Year)	17. I HEREBY CERTIFY, That I attended deceased from 191, to		
BIND S IS A GE O	7. AGE IF LESS than 1 day how manyhrs. or	and that death occurred on the date stated above, atM.		
NG INK—THIS IN Supplied. A so that it ma int. See instruct	S. OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer).	The CAUSE OF DEATH* was as follows:		
NEADII carefull t terms,	9. BIRTHPLACE (State or Country) Heg lan Idaho	(Duration) Yrs, mos. ds. Contributory (Secondary)		
MARGIN WITH U should be H in plain	10. NAME OF FATHER WAY, DOGS	(Signed) yrs mos ds. (Signed) M. D. 19 (Address) MALLB MALL		
NLY, tion : EAT	(State or Country) Law a	*State the DISEASE CAUSING DEATH; or in deaths from Violent Causes, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.		
ITE PLAINLY, V of information sh USE OF DEATH of OCCUPATION	13. BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER	18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents.) At place In the		
CA CA	(State or Country) (MO LA MANOWLEDGE.	of deathyrsmosdays. Stateyrsmosdays Where was disease contracted if not at place of death?		
.—Every ite should state	(Informant) TO TO THE TOTAL OF	Former or usual residence		
-Eve	(Address of Heg and Scholler)	19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		
N. B sh	Filed Dre 9 1927 States Local Registrar System - YORK CO., PTRS. A SORS. 24858	20. UNDERTAKER ADDRESS		
	2700			

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-	PLACE OF BIRTH	· · · · · · · · · · · · · · · · · · ·						
	PLACE OF BIRTH	STATE OF IDAHO						
₩	RECEIVED DEC 19 197	ARTMENT OF PUBLIC WELFARE						
CORD made for	County of Oakar =	TUREAU OF VITAL STATISTICS						
E GE								
RECORD be made	City of COA	ERTIFICATE OF BIRTH						
BEE.	No. St. Registration District	No. 119 State File No. 156818						
	No	No						
URN must stated.	Hospital Whome Primary Registration	District No. 19 1 Local Registrar's No.						
田田寺	//14	nan Tlaud						
A SE	FULL NAME OF CHILD	10000						
PERMAN RETURN irth state	(Certificate of 1	no value without full name of child)						
절달로	Sex of . Twin } and { Number in order	Legiti- Date of State 9						
RET birth	Sex of Triplet and in order or other?	mates 1						
75	(To be answered only in event of plural births	(Month) (Day) (Year)						
IS of	Title 4 1 - 4 - 1-12-1 - 1-14-1							
= = !	What bactericidal solution was used in eyes?							
SEPAR order	Number of child of this mother, including present birth / Numb	er of child of this mother now living, including present birth $ \mathcal{D} $						
	FULL FATHER /	FULL / MOTHER /						
الجهل	NAME OF THE	NAME POR : Chiller						
G INK birth a	the July 1	- Taraca Cong 1-com						
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UNFAI ne child number	BIRTHPLACE CAR A A A	BIRTHPLACE GOTO A NEW AND						
one nu	geod Chan	and chaus						
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	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*							
PLAINLY se of more each an	- 140 17 4 - 14 3.3 45. 12.45 of 454 obild	Born affect (
AINI of mo	I hereby certify that I attended the birth of this child	ST. Old						
₹ ₩	on the date above stated.	Jack Mila						
<u>a</u> e	*When there was no attending physician or midwife then the father householder. (Signat	ture) 13 XOUCLI						
열 명	or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor							
H	child is one that neither breathes nor	(Physician or midwife)						
WRITE -In ca	shows other evidence of life after birth. Give names added from a supplemental report.	(Physician of midwire)						
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	Registrar.	Registrar.						
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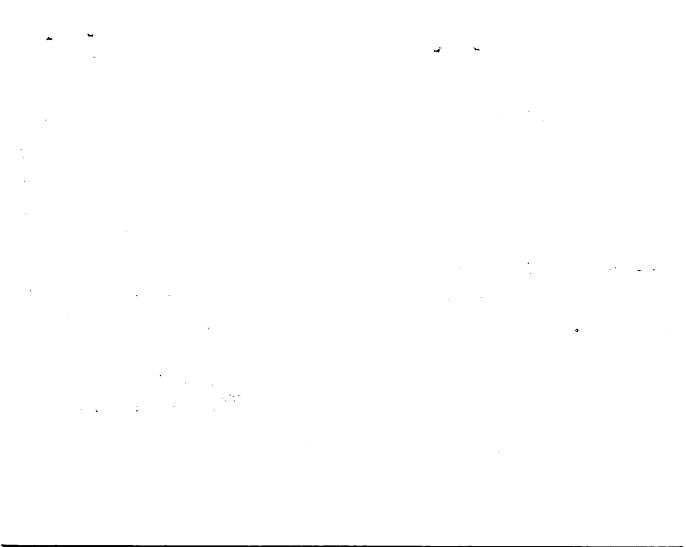
SICIANS	1. PLACE OF PROPERTY OF COUNTY OF COUNTY OF CARRY OF Primary Resistration District. No	State of Idaho BOARD OF HEALTH Bureau of Vital Statistics File No. 59559		
PHYS	City of Change (No.	St.)	Registered No.	
ED. ' FLX, P. Ref stat	if death occurs away from usual residence, give facts called for under special information. 2. FULL NAME JUMON	Lloyd.	If death occurred in a hospital, institution or camp, give its NAME instead of street and number.	
GAÇO Ek	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
NENT RE stated EX lassified, certificat	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID- OWED OR DIVORCED. White the word.)	16. DATE OF DEATH	4 9 9×	
GERMAN uld be goperly c	6. DATE OF BIRTH.	(Month) 17. I HEREBY CERTIFY, T	(Day) (Year) hat I attended deceased from	
A F Sho on	(Month) (Day) (Year)			
THIS IS L. AGE may be tructions	7. AGE IF LESS than 1 day how manyhrs. or Yrs	and that death occured on the da The CAUSE OF DEATH* was as	te stated above, atM.	
ERVED FOUND ING INK— Ily supplied 5, so that it ant. See ins	(a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed of employer).	mying from a	fall, om-	
NEST CAREST CARETUS TREETUS INTROCETUS INTROCETUS	9. BIRTHPLACE (State or Country) Clba Sals	(Duration) Contributory (Secondary)	Yrs. mos. ds.	
IARGID TITH U	10. NAME OF Jud 7 floyd 11. BIRTHPLACE	(Signed)	All M. D.	
NLY, V don she EATH	OF FATHER (State or Country) Celba Lahr	*State the Disease Causing Death; or in	deaths from Vice was Carress state (1)	
PLAIN formatic OF DE	OF MOTHER Glassie Ethe Parish	MEANS OF INJURY; and (2) whether Accepted. 18. LENGTH OF RESIDENCE.	NTAL, SUICIDAL OF HOMICIDAL.	
of info	18. BIRTHPLACE OF MOTHER (State or Country)	Transients or Recent Resid	lents.) 1 the Stateyrsmosdays	
S S S	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.	Where was disease contracted if not at place of death?		
ery it state	(Informant) Fred J. Lloyd.	Former of usual residence	9	
	(Address) — Ella Jalo	19. PLACE OF BURIAL OR RE		
N. B.	Filed DEC 10 1917 C Salar Local Registrar	20. UNDERTAKER	ADDRESS	
	SYME - YORK 66., FTRS. & 6082. 94658	1 rom		

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_	239 PLACE OF BIRTH RECEIVED DEC 3 1927 DEI	STATE OF IDAHO		
e for	County of Clearwater	BUREAU OF VITAL STATISTICS		
must be made for	City of Elk River	CERTIFICATE OF BIRTH 156824		
28	No St. Registration District	NoState File No		
musi	Hospital Elk River Primary Registration	District No. Local Registrar's No. 53		
7. BUI	FULL NAME OF CHILD Daby Stilling	no value without full name of child)		
E RET	Sex of Twin and Number in order or other? To be answered only in event of plural birth	Legiti- mate: Yes Date of birthNovember 21 1927 (Month) (Day) (Year)		
a SEPARATE I	What bactericidal solution was used in eyes?None			
Z E	Number of child of this mother, including present birth 2 Number	per of child of this mother now living, including present birth		
a SE in o	FULL FATHER NAME	FULL MOTHER MAIDEN		
급도	David Bengiman Stillman	NAME Emma Sharra		
birth each,	RESIDENCE Elk River, Id.	RESIDENCE Elk River, Id.		
r of at	COLOR AGE AT LAST BIRTHDAY 41	COLOR AGE AT LAST BIRTHDAY 32		
than one child d the number	(Years)	Wh. (Years)		
9 8	BIRTHPLACE Wisconsin	BIRTHPLACE Towa		
400	OCCUPATION	OCCUPATION		
E E	Planing Mill Man	Housewife		
	_ CERTIFICATE OF ATTENDING	G PHYSICIAN OR MIDWUE:		
	I hereby certify that I attended the birth of this chile on the date above stated.	d, who was Stillborn at 5:45 P.M. M.		
case	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	ture) OMShirled. M.D.		
N. B.a.In	shows other evidence of life after birth. Give names added from a supplemental report. Addres			
Z	Registrar.	Nov. 30 1927 Mildied Registrar.		



Form V. S. No. 5. 1212 M.7-2411 JEG 2 TOO CERTIFICATE OF DEATH State of Idaho Registration District No. _______ BOARD OF HRALTH PLACE OF DEATH. Bureau of Vital Statistics County of Clearwater Primary Registration District No. 2168 File No. 59600 City of Elk River (No. St.) Registered No. 36 If death Occurs away from us-If death occurred in a hospital, inual residence, give facts called 2. FULL NAME aby Stillman stitution or camp give its NAME d EXA. instead of street and number. for under special information. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH. PERMANENT S. SEX 14. COLOR OR RACE 5. SINGLE, MARRIED, WID 16. DATE OF DEATH OWED OR DIVORCED. properly certificate. 11 21 1927 Male White (Write the word.) (Month) (Dav) 6. DATE OF BIRTH 17. I HEREBY CERTIFY, That I attended deceased from _____11/21____1927_, to_____191___ it may back of (Month) (Dav) (Year) never that I—last saw him alive on 191 IF LESS than 1 day 7. AGE how many NO. e. hrs. or and that death occurred on the date stated above, at ... M. NG INK—THIS I lly supplied. AG n terms, so that i instructions on b _____yrs.____mos.____ds. The CAUSE OF DEATH* was as follows: 8. OCCUPATION Low implanatations of placenta, complicated (a) Trade, profession or particular kind of work..... by abruption . Period of gestation estimated carefully suppl n plain terms, (b) General nature of industry business or establishment in VITH UNFADING should be carefully DEATH in plain te (Duration) yrs. mos. ds. 9. BIRTHPLACE (State or Country) Contributory Elk River Idaho. (Secondary) 10. NAME OF important. FATHER David Stillman 11. BIRTHPLACE OF FATHER 1927 (Address) (Wisconsin (State or Country) *State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) OF MEANS OF INJURY; (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 12. MAIDEN NAME P.—Every item of informatic CIANS should state CAUSE ment of OCCUPATION is ve OF MOTHER 18. LENGTH OF RESIDENCE (For Hospitals, Institutions, Emma Sharra Transients or Recent Residents.) 13. BIRTHPLACE At place OF MOTHER of deathyrs.......ds. State......yrs......mos......ds. Towa WRITE item of (State or Country) Where was disease contracted. If not at place of death?..... 14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence (Informant) D.B.Stillman 19. PLACE OF BURIAL OR REMOVAL: DATE OF BURIAL (Address) Elk River Idaho. 11/22/1927 15. ADDRESS 20. UNDERTAKER Lecal Registrar SYMS-YORK CO., PRINTERS & BINDERS. BOISE 17148

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T RECORD XACTLY, PHYSICIANS should statement of OCCUPATION is	FORM V. S. No. 5-25 M. 1-17 FD 1. PLACE FEATH Councy of Franklin City of Link Creek, I.d.a. If death occurs away from usual residence, give facts called for under special information. PERSONAL AND STATISTICAL PARTICULARS S. SEX A COLOR OR BACE S. SINGLE, MARRIED, WID-OWED OR DIVORCED Male White Single					State File No. 5.26 6 State File No. 5.26 6 Local Registrar's No. 1f death occurred in a pital, institution or congive its NAME instead of the street and number. MEDICAL CERTIFICATE OF DEATH			
IANEN ated E Exact				te the word)			(Month)	(Day)	(Year)
gere gere	6. DATE 0	F BIRTH NOV (Mont	1 th) (1 Day)	(Year)	17. I HEREBY	CERTIFY, That I a	attended deceased	19 Z .Z,
MAKGIN KESEKVED FOR BINDIN AINLY, WITH UNFADING INK—THIS IS A I tidon should be carefully supplied. AGE should plain terms, so that it may be properly classifid ions on back of certificate.	7. AGE Stillborn Stillborn Gay IF LESS than 1 day how many hrs. or hrs. or Yrs				and that death occurred on the date stated above at the CAUSE OF DEATH* was as follows: Stell for September 1998. (Durytion) yrs. 1998.				
WRITE PLA Every item of informa CAUSE OF DEATH in important. See instructi	14. THE A (Informant (Add	HER Hanna PLACE HER Hink ate or Country) BOVE IS TRUE TO TO (ress) Mink	. Ha	Ida		18. LENGTH OF RI Transients or At place of deathyrs Where was disease of if not at place of dea Former or usual residence	ESIDENCE (For Recent Residents.) In the nosdays. State contracted ath?	yrsmos.	ds.

STATEMENT OF OCCUPATION. Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." "Foreman." "Manager." "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

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, i	PLACE OF BIRTH DEC 3" 1927 STATE OF IDAHO
D ₂	County of Telemones DEPARTMENT OF PUBLIC WELFARE
뜻을	DUREAU OF VITAL STATISTICS
RECORD be made for	City of CERTIFICATE OF BIRTH
22	NoSt. 156860
F #	693-118-022-266 Registration District No 99 State File No
PERMANENT REFURN must h stated.	give name.) Prim. Registration District No. 2.1. Z.Local Registrar's No. 7.3.4
ERMA ETURI stated.	FULL NAME OF CHILD Still MAN IN
	(If stillborn, substitute the word "Stillbirth" for name of child)
E SE	Sex of Q ve Twin Triplet and in order 2 Legiti- 1/2 Date of 10 2 2
A P TE R birth	Child Cor other? and in order mate? birth
007 - 1	
IS IS ARA	What prophylactic was used to prevent Ophthalmia Neonatorum?
THISEPA order	Number of child of this mother, including present birth (a) Born alive and now living
1 92	Born alive but now deadStillborn
# e.E	FATHER / FULL / MOTHER
hirth each,	NAME MAG pud Boben Willy NAME Cotolia Bowman
رة قان	
Sa a	Residence (Usual place of abode) Residence (Usual place of abode)
FAD child nber	If nonresident, give place and State If nonresident, give place and State
UNFAI ne child number	Color or race A Age at last Birthday 2 Color or race Whill Age at last Birthday 22
E a G	(Years)
8 9	Birthplace (City and State or Country) Birthplace (City and State or Country)
EB	Occupation J afflur Occupation
P T	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
NO.	I hereby certify that I attended the birth of this child, who was Stillborn at
	on the date above stated.
A S	(Signature) J. VI Cly M. J.
PLAI	(*Where there was no attending physician)
– 1	or midwife, then the father, householder, (Physician or midwife)
	etc., should make this return. A stillborn
WRITE B.—In	child is one that neither breathes nor shows other evidence of life after birth.
Z	Filed 19
~	Registrar.

T TO THE THE THE RUREAU OF WITAL STATIST Registration District No. Prim Goes Childen Biseries No & A. Lock Registrar's No The process on the order of the first the mental than the commentation of the . Telsen. What make bleede was used to present Ophibalmis Robinsoner and the stand of the stand of the standard of the standard of the standard of the a fobres to outly it will manifest a 12 non-relation, who also and Backers. CHELLINGATE OF ATTENDING PHYSICIAN OF MICHEL Sorts area. I formly certify that I attended the birth of this calle, who wast Stallborn on the date above utated. There there was no attending ubvalcing or midwife, then the father householder.

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stown order edidence of the other birth.

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	PLACE NOV 18 192	7 STATE OF IDAHO
, <u>ā</u>	DEDA	RTMENT OF PUBLIC WELFARE
le f	County of	FEAU OF VITAL STATISTICS
made made	City of Supply Conto III	
7 8 2 2	V. O	CERTIFICATE OF BIRTH
	NoSt.	rict No. 98 State File NJ 56925
m ust	293-222 026-764 Restration Dist	
된 E	(If born in hospital or institution give name.) Prim. Registratio	n District No. Local Registrar's No. 53
ETURN r		6 7 m - 1+
55 2	FULL NAME OF CHILD.	stitute the word "Stillbirth" for name of child)
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AE'A THE	Sex of Child Jemal Triplet and in order of birth of the control of birth order of birth order of birth order of birth order order or order order or order or	rths) Legiti- mate y birth Ozt. 22, 1927 (Month) (Day) (Year)
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	If nonresident, give place and State	If nonresident, give place and State
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OF DEATH of certificate.	1. PLACE OF DEATH Registration District No.		State of Idaho BOARD OF HEALTH Bureau of Vital Statistics		
9,0	County of Primary Registration Dist	trict No. 2 File 1	vo. 09070		
SE CAR	Chros Mingley (No	St.) Regi	stered No		
tate CAI ns on ba	If death occurs was from usual residence give facts called for under special information. 2. FULL NAME	4	If death occurred in a hos- pital, institution or camp, give its NAME instead of street and number.		
MARGIN RESERVED FOR BINDING WITH UNPADING INK — THIS IS A PERMANENT RECORD fully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE ed. Exact statement of OCCUPATION is very important. See instructions on back o	usual residence give facts called for under special in-	medical certificate of Death 16. Date of Death (Month) 17. I Hereby Certify, That I attended deceased from the Light says by the Light			
PLAINLY uld be car erly classi	OF FATHER (State or Country)	19 (Address)	yly, dallo		
3 4 5	12. MAIDEN NAME Maler de Chrosh	*State the Disease Causing Death; or in lea (1) Means of Injury; and (2) whether Accides			
WEIT	13. BIRTHPLACE OF MOTHER	18. LENGTH OF RESIDENCE (For Transients or Recent Residents.) At place In the	Hospitals, Institutions		
it n	(State or Country)	of deathyrsmosdays. Sta Where was disease contracted	eyrsnosday		
of	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?			
item . 80	(Informant)	Former or usual residence			
Svery	(Address)	19. PLACE OF BURIAL OR REMOVA	DATE OF BURIAL		
Plai	Filed Local Registrar	20. UNDERTAKER	ADDRESS		
2.1	SYMS-YORK CO., PRINTERS & BINDERS, BOISE 51087	1 -24			

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement: it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

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	155-202-029 859				
	PLACE OF BIRTH	STATE OF IDAHO			
	CEIVED DECEMBER DE	PARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS			
49	County of Lalah				
8 .	City of Museau.	CERTIFICATE OF BIRTH			
COR!	Paristration District	No. File No.			
RECORD made for e	No. 120 May St.	A			
	Hospital / Letteran Primary Registration	District No. 1011 Registered No. 120			
NENT nust be	FULL NAME OF CHILD	·			
⋖ " ∴		cate of no value without full name of child.)			
PERM TURN	Sex of — Twin Childfersale Twin Triplet or other? (To be answered only in event of plural bir	ths) Legitimate? W. Date of Nav 2 1927. (Month) (Day) (Year)			
REJ irth	(To be answered only in event or pional on	(Holler) (Day) (Tear)			
S IS TE	What bactericidal solution was used in eyes?				
RA ler		mber of child of this mother now living, including present birth			
VG INK—TI rth a SEPAI each, in ord	NAME illiam Clas Jukins	MOTHER MAIDEN BESSIE Darathy Herman.			
	RESIDENCE Leveser, Idah.	Genesie Idala.			
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WITH an one ad the	OCCUPATION Farmer.	OCCUPATION House wife.			
4 4	CERTIFICATE OF ATTENDIN	G PHYSICIAN OR MIDWIFE			
AINLY f more t	I hereby certify that I attended the birth of this child, who was				
」 。	*When there was no attending physician or	e) Chas L. Gritman M.D			
WRITE P.	one that neither breathes nor shows other evi-	e) UMW. L. OTUMANO 711-10			
B. ⊥	(dence of life after birth.	120 Lo Main - Mase and Idala.			
ż	Give names added from a supplemental report. Address	720 Lo Main - Thase and Idala.			
	, 19	MILO MY TITULO A Mithom &			
	Registrar.	NULL 192. Registrar.			
- 1	II	i			



		PETT.	'ED DEC 1 0 192	TATE OF I DEPARTMENT OF PUBL	DAHO	DO NOW HIDIAM	
UNS OC-	BUREAU OF VITAL S			om a migming			
₹ 0	,	PEACE OF	' DEATH	CERTIFICATE OF	DEATH,	State File No	59643
of of	County	of Lata	h	Registration District No		210 210	<u> </u>
EXACTLY, PHYSICIANS Exact statement of OC-			<u></u>	Primary Registration Distr		Local Registrar's	No
出資	Oity of	L. ACMANA. SO		(No	-	\	1
até			(If death occur	red in a hospital or institution	, give its name instead i	nstead of street and nu	mber.)
PI TE	2. FUI	L NAME	Baby Jenkins				
RECORD EXACT Exact	1			·····			
		(Highed to	load of aboda			f nonresident give city ; if of foreign birth?	or town and State)
e e	Length	or residence	in city or town where	death occurred yrs. mos.	ds. How long in U. S.	, if of foreign birth?	yrs. mos. ds.
PERMANENT F hould be stated erly classified.		PERSO	DNAL AND STATIST		MEDICAL	CERTIFICATE OF D	EATH C
AN. be	3 SEX	_	4 COLOR OR RACE	5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH		•
A 6	Fer	male	White	Child	Nov. 2,		19
A PERM. HE should properly of	5a If m	arried, wido	wed, or divorced		(Month)	(Day)	(Year)
	HUSBAND of (or) WIFE of			17 Ans. 2 - 19.2.7, to			
IS AAGE of processicate.							
	6 DATE	E OF BIRTH	(month, day and year	Nov. 2, 1927	that I last saw h		
THIS lied.	7 AGE	Years		ays If LESS than	and that death occurred		ove, at m.
plied may		Still	born	1 day,hrs.	The CAUSE OF DEAT	H* was as follows:	
F E E	8 0001	JPATION OF	DECEASED				
HIY ST That is back	(a) Trade, profession, or particular kind of work			Ottleton - Count determina			
G III							
ADING carefull s, so the ns on b	(D) busii	General natu ne ss, or e sta	re of industry, blishment in			(duration) yrs	mos ds.
AD can	1	n employed in Name of employed in			CONTRIBUTORY		
ITH UNFADING hould be careful plain terms, so the instructions on the careful instructions on the careful care					(Secondary)		
Tac Tac	9 BIRT	HPLACE (c	ity or town)Mosc	CW		•	mos ds.
/ITH should plain instru	(Sta	te or country	7)	Idaho	18 Where was disease of if not at place of de	ontracted ath?	******************************
≥ ∞ _ ∞	10 N	NAME OF FA	ATHER		Did an operation preced		
્ર ધુ.⊐ ઝ			W.C. J	enkins	Was there an autopsy?	no	
PLAINLY informati ? DEATH :ortant.	<u>ကို</u> 11 ရှ	SIRTHPLACE State or cour	E OF FATHER (city of	or town)	What test confirmed	agnosis?	1900-apan - 1 10 aangap - 18 aanga - 18 aangap - 18
ATA orn an	A 12 N			N.Car.	(Signed)		uau , M. D.
PIL inf	₩ 12 N	ALIDEN NA	ME OF MOTHER		11/2/ , 192	7 (Address) MOBC	OW
H 01	 	Bessie Herman					
A SE	13 E	STATE OF ANY	E OF MOTHER (city of ntry)	or town)	*State the DISEASE LENT CAUSES, state	CAUSING DEATH, or	
WRITI y item of CAUSE s very i		state or cou	Id	aho	and (2) whether ACCID		
P. C. 8	14	rmant	.C. Jenkins		19 Place of fur #1	#### or Pamoval	Date of Burial
I		rmant iress)				i	11/2/27 19
3.—Eve ld stat ATION			Mcscow		Genesee, Id	8.	
B	15	. (m) 2.	1924 WJ	Hanshone	20. Undertaker	1	Address
N. B shou	Filed	1 1.2Y.TOV.	, 198	Registrar	M. VI. XI Tron		M CSGOW

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DUTY OF LOCAL REGISTRARS —Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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Do not accept a certificate of death signed only by a midwife.

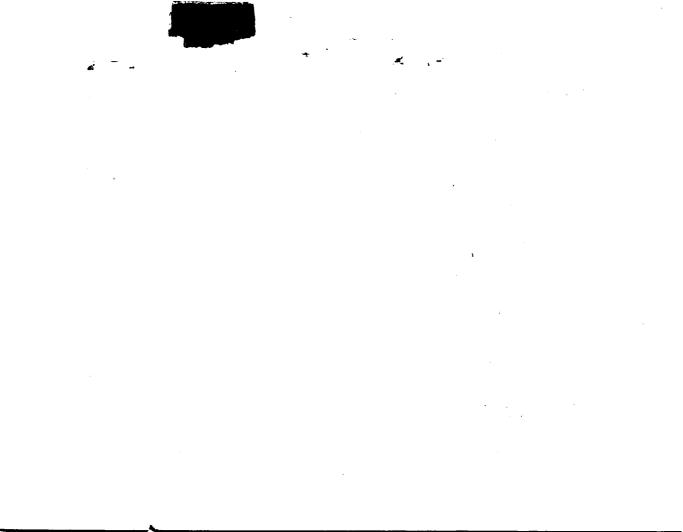
	LACE OF BIRFIECE	IVED DECT 192	STATE OF ID	
	County of		BUREAU OF VITAL	STATISTICS (T)
RECORD be made	City of Charles	-	CERTIFICATE C	• • •
	No.498-213.032.693 st			State File No. 57001
PERMANENT RETURN must rth stated.	Hospital			
URN mistated.	FULL NAME OF CHILD			tryden
HE ST	(Certificate of no value without full name of child)			
A PER TERET	Sex of Twin Triplet Child or other? (To be ans	and Number in order of birth wered only in event of plural birt	Legiti- mate: yez	birth 1 - 1 3 192 (Month) (Day) (Year)
THIS IS A SEPARATE In order of bi	What bactericidal solution was used in eyes?			
FHIS DEFENDED	Number of child of this mother, including	present birth 3 Nun	aber of child of this mother no	w living, including present birth
a SI	FULL FATHER		FULL MAIDEN	MOTHER
S2	Thomas M	. Fryden	N/ME/Mand	lu illiamo
25 E	RESIDENCE	me Dela	RESIDENCE	i, olda
	COLOR	AGE AT LAST SERTHDAY (Years)	COLOR	AGE AT LAST 5 (Years)
	BIRTHPLACE O	halo	BIRTHPLACE 9	۵
WITH than	OCCUPATION (, ()	2 mglye	OCCUPATION	forme wife
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.			
Z ag	I hereby certify that I attended the birth of this child, who was Stillborn at			
PI Se (*When there was no attend	householder (Sign	ature)	vị tạ
WRITE —In ca	etc., should make this return child is one that neither shows other evidence of life	after birth.) 1. (P	hysician or midwife)
¥€	Give names added from a supp	lemental report.	es Da	Den elde
z	nov , y	// 182/:	, ,	7
	Just 1 Control	Registrar.	192	Registrar.

CHACLE WAS AUTOUR 图自大制、气管、有具体管理 不一个人分解的现在分词会社 BURGAT OF VERAL STATISTICS County of Man and and LLLLÉTE FOLYTE OF RHTE 🌬 in in a **rainui**a i ma<u>n</u>una na an ar Selve a received to the contract of and the first of the state of t a tiopoli 网络经验医复数 医铁头夹 法不证 Service and the Mark to continue the continue of the service of th All water Teleplet. 19159 10 10 blid Tests of less and also doe faidstestand bud'! and the covering the control of the control of the factor to and apply the At let a some out dome, or any outs to be state in a small MOTHER. FATHER MACEN DOMESTICATION OF 1264 L 1 300A 80.00 FRANCIS 40A CACHTGIA S. Otherson BURTHPLACE MEDIASE DO WIND AND SOF CERTIFICATE OF ATTENDING PHYSICIAN OR MIRWIFE. A north aread ! .11 to be easily than a miterial to the first of this end to be were a sufficient at Anthric grown and out on I date that enthropes on saw much a cross Opposition the following the first one made on with the ા જાણાવાલ હોંગેલ હોંડેલનું હોને હોંગે કહેંગ Chord politics on some at 104. (Physich : condwife) The ART Commercial Configuration the same able driver a substance of report. See Florida 200 50,34 TB" IAL OH "Entriugi

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1928 STATE OF PUBLIC WELFARE STATE OF IDAHO RECEIVED JAN 5 DO NOT WRITE IN THIS SPACE BUREAU OF VITAL STATISTICS PLACE OF DEATH CERTIFICATE OF DEATH State File No..... County of Daniel Registration District No. City of ... Local Registrar's No... Primary Registration District No... (No. ______)
(If fleath occurred in a hospital or institution, give its name instead of street and number.) 2. FULL NAME. (a) Residence, No....St. (Usual place of abode) (If nonresident give city or town and State) Length of residence in city or town where death occurred. mes. How long in U. S., if of foreign birth? PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. Single, Married, Widowed, or Diverced (write the word) 16. DATE OF DEATH COLOB OR RACE (Day) 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day and year) If LESS than 1 day, 7. AGE Months Days and that death occurred, on the date stated above, at ... CAUSE OF DEATH* as follows 8. OCCUPATION OF DECRASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry. business, or establishment in which employed (or employer) (c) Name of employer (Secondary) (duration) _____yrs. ____mos. ___ 9. BIRTHPLACE (city or 18. Where was disease contracted (State or country) if not at place of death? 10. NAME OF FATHER Did an operation precede death? Date of..... Was there an autopsy? 11. BIRTHPLACE OF FATEER (city or town What test confirmed disgrnosis (State or Country) 12. MAIDEN NAME OF MOTHER 18. BIRTHPLACE OF MOTHER (city or town) *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT (State or Country) CAUSES, state (1) MEANS AND MATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. ce of Burial, Crematica, or Removal Pate of Burial Informant de all (Address) Address Registrar

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ACE OF BIRTH 7/3
RECEIVED JAN 5 STATE OF IDAHO 1928 DEPARTMENT OF PUBLIC WELFARE RECORD be made for BUREAU OF VITAL STATISTICS County of Bonner CERTIFICATE OF BIRTH City of Sandpoint 323 S.Euclid Registration District No. 7.6 State File No. A PERMANENT B E RETURN must b birth stated. Hospital Parnell Primary Registration District No. 2 155 Local Registrar's No. FULL NAME OF CHILD Albert Dreier Jr.

(Certificate of no value without full name of child) Twin Number Date of_ Sex of Child Male Legiti-Triplet in order of birth birth Dec. 7 1927 or other? mate? Yes A SEPARATE I (Month) (Dav) (To be answered only in event of plural births) What bactericidal solution was used in eyes?..... 924 umber of child of this mother now living, including present birth Number of child of this mother, including present birth FULL **FATHER** MOTHER FULL MAIDEN NAME NAME one child at birth number of each, Daisv Patrick BESIDENCEAlbert Dreier RESIDENCE Sandpoint. Idaho Sandpoint, Idaho COLOR White COLOR White AGE AT LAST AGE AT LAST BIRTHDAY 36 the number RIRTHDAY (Years) BIRTHPLACE BIRTHPLACE Switzerland Pocahontas, Virginia Housewife OCCUPATION OCCUPATION Blacksmith and CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE **18668** I hereby certify that I attended the birth of this child, who was I Stillborn on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Signature) Physician or midwife) Give names added from a supplemental report. Address Filed Registrar.

PLAINLY

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82	ENGLIVED JAN 5 928 STATE OF IDA	но
A G	DEPARTMENT OF PUBLI	
55	PLACE OF DEATH BUREAU OF VITAL ST	ATISTICS DO NOT WRITE IN THIS STACE
ŠŠ	CERFIFICATE OF	DEATH State File No. 59865
PHYSICIAN	Uounty of the control	76
교육	City of Registration District No	Local Registrar's No
CORD KACTLY, PH statement of	Primary Registration District	Nod. 13.3
913	(No. Paruell	trefilal)
OR AC sta	If death occurred in a hospital or institution, give its	name instead of street and number.)
RECORD EXACTLY, cact statemen	2. FULL NAME Enfant Dreier	en en en en en en en en en en en en en e
24 - X	(a) Residence. No. 1917 Lake Street	St.
ENT stated	(Usual place of abode) Length of residence in city or town where death occurred. yrs. mos. ds.	(If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.
G ERMAN vuld be classifie	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	8. SEX 4. COLOR OR RACE 5. Single, Married, Widowed, or Divorced (write the word)	16. DATE OF DEATH
ING PERI should	mall while single	(Month) (Day) (Year)
	5a. If married, widowed, or divorced	(Teal)
BIN] IS AGE	HUSBAND of (or) WIFE of	17. HEREBY CERTIFY, That I attended deseased from
A A F		19.27, to 19.27
FOR THIS ed. 2	6. DATE OF BIRTH (month, day and year) 7. AGE Years Months Days If LESS than 1 day.	that I last saw h alive on , 19
Hied H	hrs. or	and that death occurred, on the date stated above, at 1231 Am.
SERVE'S FOR INK—THE SUPPLIES IN SUPPLIES CERTIFICATE.	min.	The GAUSE OF DEATH was as follows:
RVE INK sup	8. OCCUPATION OF DECEASED	de to de to
ESER ING 1 tully that	(a) Trade, profession, or particular kind of work	premarine actachment of
RESE DING efully so tha	(b) General nature of industry.	placente, 8 12 months
_ < 5 - 4	business, or establishment in which employed (or employer)	gustain (duration) yrs. mos. ds.
RGIN UNFA be car erms, a		CONTRIBUTORY
4 6	(c) Name of employer	(Secondary)
	9. BIRTHPLACE (city or town)	(duration) yrs, mos, ds.
	(State or country)	18. Where was disease contracted if not at place of death?
_ =	10. NAME OF FATHER -	Did an operation precede death? Date of
g PLAINLY, information F DEATH in t. See instr	albert Drever	Was there an autopsy?
8 Kill Al	11. BIRTHPLACE OF FATHER (city or town) (State or Country)	What test confirmed diagnosis
PL DEG	I Suntantand	(Signed)
의. ^표 등학	12. MAID NAME OF MOTHER	12-8 192) (Address Fan elk and Old
WRITE item of i	any May abush	`
WRI item o AUSE imports	18. BIRTHPLACE OF MOTHER (etg r town) (State or Country)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
ii Ati	(state of councy)	whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
very very	14. albert Dresser	19. Place of Burial, Cremation, or Removal Date of Burial
Ever state is ver	Informant Court Court	Labraga Come to Dec 9 1927
, <u> </u>	(Address) 9/1 Lake	- To the terms of
5 '	15. Filed / 2 9 , 19 57 / / / / / / / / / / / / / / / / / /	20. Undertaker Address
- Age	Neputy Registrar	franciale o tandpoint, ad
•		

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"Hemorrhage," "Inantion," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

Registrars should be careful to see that the medical

statement of death is supplied. If no physician attended the deceased and it is probable that death was due to unlawful or suspicious means, the case should be referred to the Coroner for investigation and statement of the cause of death; other deaths than above without medical attendance should be referred to the Health Officer (if a physician), but when there is no such health officer, and only in such cases, the local registrar may make the return upon the information of relatives or friends of the deceased having adequate knowledge of the facts.

Do not accept a certificate of death signed only by a midwife.

mudwite.

1928 PLACE OF BIRTH RECEIVED JAN 6 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE made for BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH Registration District No......State File No. Primary Registration District No 2 0 0 Local Registrar's No. 2 RETURN CHILD.: (Certificate of no value without full name of child) Twin Number Date of Sex of Legiti-Triplet in order birth 192 Child or other? of birth mate? SEPARATE (Year) (Month) (Day) (To be answered only in event of plural births) of o What bactericidal solution was used in eyes? order Number of child of this mother, including present birth. Number of child of this mother now living, including present birth **FATHER** MOTHER FULL FULL MAIDEN NAME RESIDENCE COLOR COLOR number (Years) BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN I hereby certify that I attended the birth of this child, who was Stilled on the date above stated. *When there was no attending physician (Signature) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. Give names added from a supplemental report. Registrar.

:

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RECORD

SEP

PLAINLY

WRITE

CAUSE OF DEATH	1. PLACE OF DEATH County of City of Cath occurs away from usual residence, give facts called for under special in-	1476 59537
MARGIN EESERVED FOR BINDING WRITE PLAINLY, WITH UNFADING INK — THIS IS A PERMANENT EECORD N. B.—Every item of information abould be carefully supplied. AGE abould be stated EXACTLY, PHYSICIANS abould state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions.	PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word.) 6. DATE OF BERTH 7. AGE STATE COLOR OR RACE 1927 (Month) (Day) (Vent) 7. AGE STATE COLOR OR RACE 1927 (Month) (Day) (Vent) 7. AGE STATE COLOR OR RACE 1927 (Month) (Day) (Vent) 8. OCCUPATION 4a 15 LESS than 1 day how many hrace 16 minute in which windship 16 minute in windship 16 minute in windship 16 minute in windship 16 minute in windship 16 minute in windship 16 minute in windship 16 minute in windship 16 minute in windship 16 minute in windship 16 minute in windship 16 minute in windship 16 minute in windship 16 minute in windship 16 minute in windship 16 minute in windship 16 minute in windship	MEDICAL CERTIFICATE OF DEATH 16. DATE OF DEATH 17. I HEREBY CERTIFY, That I attended deceased from Nov 25 1927 Month) 18. that I last saw lamina. alive on Bulk. 19. that I last saw lamina. alive on Bulk. 25. 1927 Month 19. that I last saw lamina. alive on Bulk. 25. 1927 Month 19. that I last saw lamina. alive on Bulk. 26. that I last saw lamina. alive on Bulk. 27. and that death occurred on the date stated above, at M. The CAUSE OF DEATH* was as follows: (Duration) Yrs. mos. 3 ds. Constributory Months of the date stated above. At M. (Bigned) Wrs. mos. 3 ds. (Signed) Wrs. mos. 3 ds. (Duration) Wrs. mos. 3 ds. (Signed) Wrs. mos. 3 ds. (Signed) Wrs. mos. 3 ds. (Duration) Wrs. mos. 3 ds. (Signed) Wrs. mos. 3 ds. (Duration) Wrs. mos. 3 ds. (Signed) Wrs. mos. 3 ds. (Signed) Wrs. mos. 3 ds. (Signed) Wrs. mos. 3 ds. (Signed) Wrs. mos. 3 ds. (Duration) Wrs. mos. 3 ds. (Duration) Wrs. mos. 3 ds. (Signed) Wrs. mos. 3 ds. (Duration) Wrs. mos. 3 ds. (Signed) Wrs. mos. 3 ds. (Duration) Wrs. mos. 3 ds. (Duration) Wrs. mos. 3 ds. (Duration) Wrs. mos. mos. 3 ds. (Duration) Wrs. mos. mos. 19 ds. (Signed) Wrs. mos. mos. 19 ds. (Duration) Wrs. mo

STATEMENT OF OCCUPATION .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer. Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

STATEMENT OF CAUSE OF DEATH—Name, first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same

accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia") Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
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PURIO 90 STADISTA 137621 From Registration District No. Least Local Registrates Noted & (If sight work word "Scittish to make it states and the states of the st THE NAME OF CHEED Leeith What same shellie was used to prevent Ophthylmia Separtorum Number of child of this mother bashedtage greatent blink _ ___ Chi Born silve and new living. Land was tol will mad If the new colding, give place and State (City and Made or Country) CHINGS TO THE TOTAL PRINCE STATE OF THE DWILLS I hereby carrify that I setended the birth of the child, who was i hon the date above atolest. "Where there was no attending physician (Physician or griffen " or a dwife, then the father, homesteller, etc. should make this return. A stillborn ships is one, that neither beauties over shows other evidence of line at the little

DING INK—THIS IS A PERMANENT RECORD	AGE si	that it may be properly classified. Exact statement of OCCUPA- of certificate.	2.	FUL: (a) (a) (b) Ength of SEX AGE OCCU (a) T particular	Residence PER OF BIRT PATION (rade, profular kind (E	(If dear look or town or town or divorced look or town or divorced look or divorced look or divorced look or divorced look look or divorced look look look look look look look loo
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STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

_		District 1				
Primary	Reg	istration	District	No.	2/ <i>5</i> 7	7.

DO NOT WRITE IN THIS SPACE

State File No. 59927

Local Registrar's No.34

	(No	name instead of street and number.)
2.	FULL NAME. Sufaul June 1	
L	(Usual place of abode) singth of residence in city or town where death occurred. yrs. mos. ds.	(If nonresident give city or town and State) How long in U. S., if of foreign birth? yrs. mos. ds.
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4. COLOR OR RACE or Divorced (write the word)	16. DATE OF DEATH (Month) (Day) (Year)
5a	. If married, widowed, or divorced HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from
6.	DATE OF BIRTH (month, day and year) Dec 11, 19217	that I last saw h walter on Atallhorn, 19
7.	AGE Years Months Days If LESS than 1 day, hrs. or	and that death occurred, on the date stated above, atm. The CAUSE OF DEATH* was as follows:
8.	OCCUPATION OF DECEASED	Stillher Course
	(a) Trade, profession, or particular kind of work.	Lever 40 mins laturaling
	(b) General nature of industry, business, or establishment in which employed (or employer)	(duration)yrsmos. ds.
	(c) Name of employer	CONTRIBUTORY (Secondary)
9.	BIRTHPLACE (city or town) Jela 4479, allai (State or country)	(duration)yrs,mos. ds. 18. Where was disease contracted if not at place of death?
	10. NAME OF FATHER Quest June	Did an operation precede death? Date of
C T ATOM	11. BIRTHPLACE OF FATHER (city or town) Yukar (State or Country)	Was there an autopsy? What test confirmed diagnosis? (Signed) M. D.
4	12. MAIDEN NAME OF MOTHER Clare Bawler.	Address Market Affice
	18. BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
14	Informant Communication of the	19. Place of Burial, Cremation, or Removal Date of Burial
15	(Address)	20. Undertaker Address

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill: (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile Factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine. etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework. or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever. write None.

STATEMENT OF CAUSE OF DEATH—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebro-

spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"): Lobar pneumonia: Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms: Measles: Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere "Anaemia" (merely symptomatic), "Atrophy," "Collapse,"
"Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure,"
"Hemorrhage," "Inanition," "Marasmus," "Old age,"
"Sheak," "Unamica," "What. "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis." etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS, state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: struck by railway train-accident: Revolver wound of head-homicide: Poisoned by carbolic acid-probably suicide. The nature of the injury, as fractured skull, and consequences (e. g. sepsis, tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certicates filed with you to the State Registrar on or before the fifth of the following month; keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

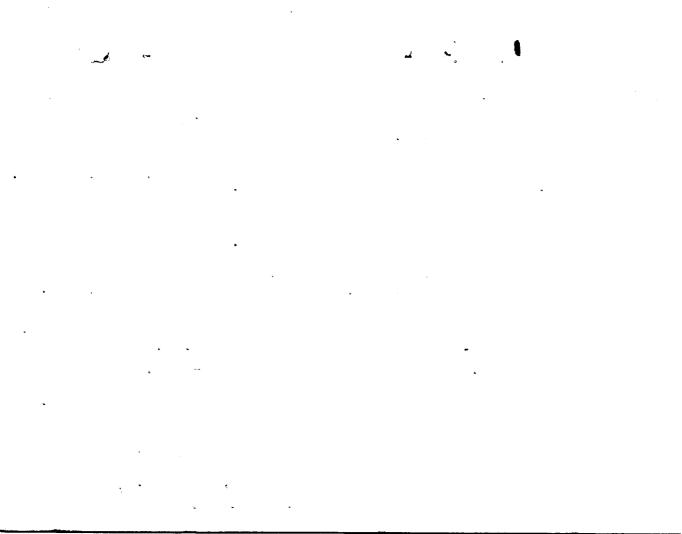
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Do not accept a certificate of death signed only by a

midwife.

PLACE OF BIRTH STATE OF IDAHO RECORD be made for DEPARTMENT OF PUBLIC WELFARE County of Clearwater. BUREAU OF VITAL STATISTICS City of Orofino, Ida. CERTIFICATE OF BIRTH No256-121-018 995 St. -THIS IS A PERMANENT SEPARATE REFURN must order of birth stated. Orofino, Hosp. Registration District No.90 State File No. (If born in hospital or institution give name.) Prim. Registration District No. 2168 ... Local Registrar's No. 56 FULL NAME OF CHILD Unnamed. (If stillborn, substitute the word "Stillbirth" for name of child) Number Date of birth Dec. 21th 1927. Legiti-Sex of and in order Triplet or other? (of birth mate? (To be answered only in event of plural births) Child Male. (Month) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth. One (a) Born alive and now living None Born alive but now dead None Stillborn One FATHER MOTHER MAIDEN Mikalena Zingerly, FULL Fred Jesse Knox. Residence (Usual place of abode) Fraser. Ida. Residence (Usual place of abode) Fraser. Ida. If nonresident, give place and State_____ If nonresident, give place and State Color or race White, Age at last Birthday 30 (Years) Color or race White, Age at last Birthday 24 (Years) Idaho.
(City and State or Country) (City and State or Country) Birthplace Birthplace.... of more than each and the Occupation Farmer Occupation House-wife CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was Stillborn 11:30 A. M. PLAINLY case of more on the date above stated. W. M. Jank (Signature) *Where there was no attending physician Physician, or midwife, then the father, householder, WRITE B.—In c (Physician or midwife) etc., should make this return. A stillborn Address Orofino, Idaho. child is one that neither breathes nor Filed Devi 29th 27. Mr Turk shows other evidence of life after birth. Registrar.



BINDING

RESERVED

MARGIN

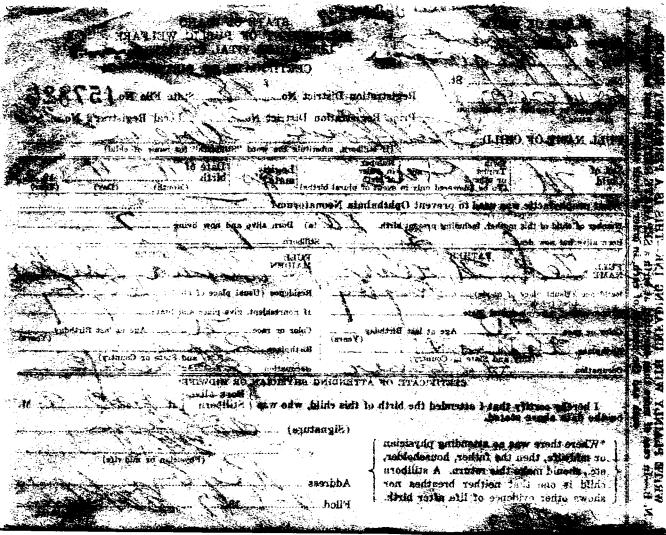
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. (#°.

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MEGETVED DEC 141927 PLACE OF BURTE STATE OF IDAHO PERMANENT RECORD
RETURN must be made for DEPARTMENT OF PUBLIC WELFARE County 6 BUREAU OF VITAL STATISTICS = City of CERTIFICATE OF BIRTH Registration District No.....State File No. 1:5 (If born in hospital or institution Prime Registration District No. 2 Local Registrar's No. give name.) FULL NAME OF CHILD (If stillborn, substitute the word "Stillbirth" for name of child) Twin Number Date of Sex of Triplet birth ... Child (To be inswered only in event of plural births) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum?.. Number of child of this mother, including present birth..... (a) Born alive and now living. Born alive but now dead Stillborn. FATHE FULL MAIDEN FULL NAME 🌭 NAME Residence (Usual place of abode)/ Residence (Usual place of abode). If nonresident, give place and State. If nonresident, give place and State. Color or race Age at last Birthday. Color or race Age at last Birthday. (Years) (Years) Birthplace Birthplace. y and State or Country State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who will Stillbern PLAINLY on the date above stated. (Signature) *Where there was no attending physician or midwife, then the father, householder, (Physician or midwife) etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. Placenta Previa



A.	STATE OF IDA	HO
A E 1	PLACE OF MEATH DEC 1 4 192 BUREAU OF VITAL ST	C WELFARE DO NOT WRITE IN THIS SPACE
55	PLACE OF MEATH COLUMN BUREAU OF VITAL ST	ATISTICS 59970
rsicia	CERTIFICATE OF	DEATH State File No
PHY	Registration District No	8
. #	City of Primary Registration District	Local Registrar's No
LY		
ORD ACTL statem	(If death occurred is a sospital or institution rive its	name instead of street and number.)
	2. FULL NAME ()	el v
62 90		
	(a) Residence. No(Usual place of abode)	St. (If nonresident give city or town and State)
EN eta d.	Length of residence in city or town where death occurred. yrs. mos. ds.	How long in U. S., if of foreign birth? yrs. mos. ds.
DING A PERMANENT should be state orly classified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 ERMA1 uld be classifi	8. SEX 4. CODOR OR RACE 5. Single Married, Widowed, or Divoged (wate the word)	16. DATE OF DEATH
NG PERI hould y clas	M -Man	18
BINDIN IS A P AGE sh properly	5a. If married, widowed, or divorced	(Month) (Day) (Year)
IS IS CE	HUSBAND of (or) WIFE of	17. I HEREBY CERTIFY, That I attended deceased from
B X I	1/1/-27	19 to 19
FOR THIS ed. A	6. DATE OF BIRTH (month, day and par) 7. AGE Years Month Days If LESS than Y day,	that I last saw h 19 19
ED FO K—TB pplied. may l	hrs. or	and that death courred, on the date stated above, atm.
G INK—7 G INK—7 Supplie Bat it may certificate		The OAUST OF DIATH was as follows:
RVE INK sup t it r	8. OCCUPATION OF DECEASED	The act of the area
SE SE SE SE SE SE SE SE SE SE SE SE SE S	(a) Trade, profession, of particular kind of work	Janua Coma
RE OII	(b) General nature of industry.	
FA Car	business, or establishment in which employed (or employer)	(duration)mosds.
RGIN RESUNFADIN be carefull erms, so that a back of	(c) Name of employer	CONTRIBUTORY (Secondary)
₹ 4 5	P. L. N. J. H. S	(duration)yrsmosds.
M.X. WITH stion should ff in plain instruction	9. BIRTHPLACE (city or town) (State or country)	18. Where was disease contracted
g de n	10. NAME OF PATHER	if not at place of death?
LY, Ion Estr	10. NAME OF BATHER	Did an operation precede death?
	The state of the s	Was there an autopsy?
PLAI form DEA' See	11. BIRTHPLACE OF FATHER (city or town) (State or Country) 12. MAIDEN NAME OF MOTHER	What test confirmed discreases
		(Signed) , M. D.
WRITE item of	12. MAIDEN NAME OF MOTHER	(1) (1) (1) (ddress)
SE OF	wind guy	*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2)
WRI item o AUSE imports	13. BIRTHPLACE OF MOTHER (city or town) (State or Country)	CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
[∞] Ω [∞]	14. Z/ H 1M	19. Place of Burial, Cremation, or Removal Date of Burial
-Every state (Informant	5 11 10: 17 11-12 1027
H # 18	(Address)	Total Coly 1/1-1/
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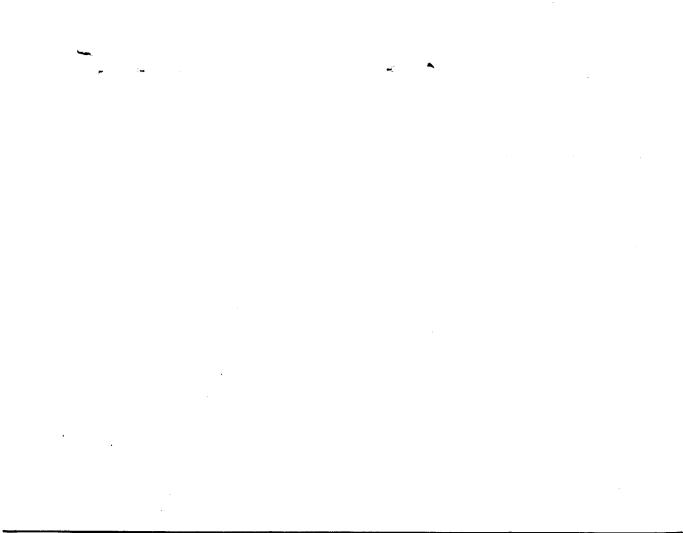
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Do not accept a certificate of death signed only by a

midwife.

STATE OF IDAHO PERMANENT RECORD RETURN must be made for h stated. DEPARTMENT OF PUBLIC WELFARE County o City of. CERTIFICATE OF BIRTH ... Registration District No.... State File No.... (If born in hospital or institution Prim. Registration District No. Local Registrar's No..... give name.) FULL NAME OF CHILD If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Date of Sex of Legiti-Triplet in order SEPARATE I Child or other? of birth birth mate2 (To be answered only in event of plural births) (Month) (Dav) (Year) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth-(a) Born alive and now living. Born alive but now dead. Stillborn. MOTH birth FULL MAIDEN UNFADING one child at bi Residence (Usual place of abode) Residence (Usual place of abode) ... If nonresident, give place and State If nonresident, give place and State Age at last Birthday. Color or race at last Birthday (Years Birthplace Birthplace... (City and State or Country) (City and State or Country) nner Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* more PLAINLY I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. ŏ (Signature) *Where there was no attending physician WRITE B.—In (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. ż Registrar



LY, PHYSICIANS statement of 0G-		STATE OF II DEPARTMENT OF PUBL BUREAU OF VITAL S CERTIFICATE OF Registration District No Primary Registration District (No	LIC WELFARE STATISTICS DEATH State File No		
H st	2.]	FULL NAME LLONG & WILLEKE	lusew		
EXACTLY, EXACT stat		a) Residence. No. (Usual place of abode) gth of residence in city or town where death occurred yrs. mos.	St. (If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.		
H to d		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
AN be	3 8	SEX 4 COLOR OR RACE 5 Single Married, Widowed, or Diverged (write he word)	16 DATE OF DEATH (Month) (Day) (Year)		
	5a	If married, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 19		
IS IS IS be be tiffication		OATE OF BIRTH (month, day and year) AGE Years Months Days If LESS than hear			
ADING INK- arefully supply, so that it s on back of		(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)			
	9	BIRTHPLACE (city or town) Acullary House (State or country)	18 Where was disease contracted If not at place of death?		
ادە ست ≥ط		10 NAME OF FATHER LeCarel Mickelinsen	Did an operation precede death?		
PLAINLY, information of DEATH in Sectant.	RENTS	11 BIRTHPLACE OF FATHER (otto town) (State or country)	What test confirmed diagnosis? (Signal) (Address) (Address)		
2 4 O E	PAF	12 MAIDEN NAME OF MOTHER LACUL	*State the DISEASE CAUSING DEATH, or in deaths from VIO		
WRITE y item of CAUSE C	 	13 BIRTHPLACE OF MOTHER (city or fown) (State or country)	LENT CAUSES, state (1) MEANS AND NATURE OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.		
Every state C.	14	Informant Aller allan Mekelmen (Address) Hor allan	19 Place of Burial, Cremation, or Removal Out 4 19 7		
N. B.—. should surrent	15	Filed 1-8, 19 EleBerry Registrar	20. Undertaker Address '		

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PLACE OF RUREAU AN VITAL STATISTICS County CERTIFICATE OF BIRTH Resistration District No. Primary Registration Dis FULL NAME OF CHILD. (Certificate of no Thout full name of child.) Twis Number Sex of Trinlet in order Legiti-Date of or other? of birth Child matel Meth 406 (To be answered only in event of plural births) (Month) (Dav) What bacterisidal solution was used in eyes?.... FULL **FULL** NAME MAIDEN NAME RESIDENCE RESIDENCE COLOR AGE AT LAST COLOR AGE AT LAST 35 (Years) BIRTHDAY BIRTHDAY BIRTHPLACE BIRTHPLACE OCCUPATION OCCUPATION CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* I hereby certify that I attended the birth of this child, who was stillbern on the date above stated. *When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician or midwig Give names added from a supplemental report. Address..... Registrar.

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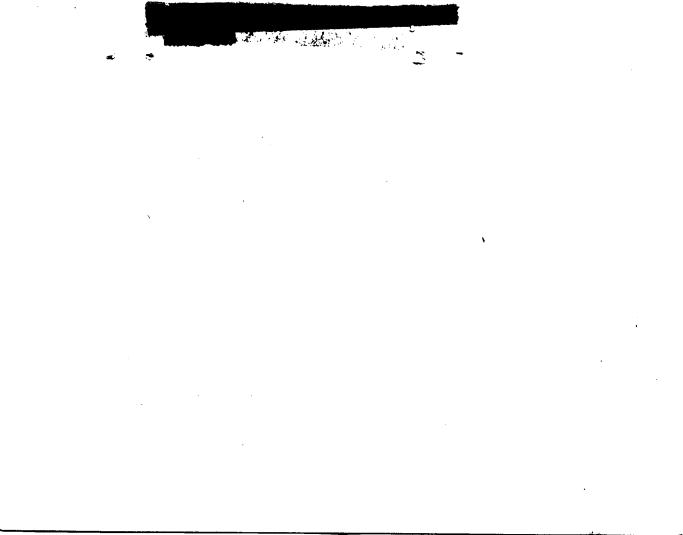
City of Solladda - Bu	STATE OF IDAHO ARTMENT OF PUBLIC WELFARE UREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH
(If born in hospital or institution give name.) FULL NAME OF CHILD	Date of Strict No. 2/45 Local Registrar's No. 2/
FATHER FULL Dorwld W: /Luney	Stillborn FULL MOTHER MAIDEN Ruth Babb. Residence (Usual place of abode) Followith
If nonresident, give place and State. Color or race Y Lutte Age at last Birthday 23. Birthplace (Years) (City and State or Country)	If nonresident, give place and State Color or race White Age at last Birthday (Years Birthplace (Car and State or Country) Occupation
I hereby certify that I attended the birth of this chion the date above stated. (Sign *Where there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	ature) G PHYSICIAN OR MIDWIFE* at 8 A Market States at 8 A Market Stat
	County of Saturda Billown St. No. St. 432 208 039 212 Registration Dist (If born in hospital or institution give name.) FULL NAME OF CHILD Summed Code (If stillborn, Gult Triplet or other? of birth of birth of this mother, including present birth. What prophylactic was used to prevent Ophthalmia Neo Number of child of this mother, including present birth. Born alive but now dead FATHER FULL NAME FATHER FULL Downloa 14 May 18 May 1



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محدر بدرجه العدد

ECORD EXACTLY, PHYSICIANS Exact statement of OC-	DEPARTMENT OF PUBLICATE OF LATAH County of LATAH City of MCSCCW (If death occurred in a hospital or institution			DEATH OLD ict No. 2141	DO NOT WRITE State File No Local Registrar's	59308 No71	
CTLY of sta	2. FULL NAME. FRANK MCCRE						2
		(Usual p	No	death occurred yrs. mos.	St. ds. How long in U. S.	f nonresident give city, if of foreign birth?	or town and State) yrs. mos. ds.
		PERS	ONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
A PERMAN E should be roperly class te.	3 SEX	e	4 COLOR OR RACE White	5 Single, Married, Widowed, or Pivorced (write the word)	16 DATE OF DEATH	3 /	10.7.7
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THIS IS lied. A nay be certifica	6 DATE OF BIRTH (month, day and year) COT 31 1927/ 7 AGE Years Months Days If LESS than 1 day, hrs. or				that I last saw h allve on	, 19, bove, at m.	
DING Directions on back	(b) General nature of industry, business, or establishment in which employed (or employer)			Bak had evidently been dead 3 or + days token born (duration) yrs. mos. ds.			
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Every state C/10N is	14 Infori (Addr	mant ess)]	WESLEY MOCKE MCSCOW IDAHO		19 Place of Burial, Cre	mation, or Removal	Date of Burial
Lati	15 Filed	och 3	1, 1927 W.J	Carithers	20. Undertaker 4. R.	Short	Moscow

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Do not accept a certificate of death signed only by a midwife.

	PLACE OF BIRTH	STATE OF IDAHO				
RECORD be made for	· ·	DEPARTMENT OF PUBLIC WELFARE				
	County of Sesperate SEIVED JAN 13	BUREAU OF VITAL STATISTICS				
	City of Lewis Jon	CERTIFICATE OF BIRTH				
		ict No. 96 State File No. 15010				
St ba						
F. H.	Hospital Alle Primary Registrati	on District No. 1019 Local Registrar's No.				
FEN	FULL NAME OF CHILD Still Date. 10 feets full name of child					
A PERMANENT E E RETURN most b birth stated.	Sex of Triplet or other? Number in order of birth	Legitimate? Date of 2 2 192				
of	(To be answered only in event of plural b	1 - //				
1 P	What bactericidal solution was used in eyes?	Janey				
SEPARATE OF DE	Number of child of this mother, including present birth N	omber of child of this mother now living, including present birth.				
	FATHER 1	FULL MOTHER MAIDEN NAME				
G INK birth a each,	Janya. 10. Maryel-	- pagipi, umallous				
<u> </u> 프 종 (RESIDENCE LEVELS LOS	restiston dalist				
UNFADING Child at umber of	COLOR AGE AT LAST BIRTHDAY (Years)	COLOR AGE AT LAST BIRTHDAY (Years)				
I UNFAD one child number	BIRTHPLACE	BIRTHPLACE				
	- Sowa	- Septer				
WITH than o	OCCUPATION	OCCUPATION House Wife				
	CERTIFICATE OF ATTEND	ING PHYSICIAN OR MIDWIFE				
INLY more ch an		A SO OF				
PLAINLY se of more each a	I hereby certify that I attended the birth of this con the date above stated.	hild, who was Stillborn Lat.				
LAI of ea		F F (JA)				
I	*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor	nature)				
TE	child is one that neither breathes nor					
WRITE In ca	I shows other evidence of life after birth.	(Physician or midwife)				
B.	Give names added from a supplemental report.	reso Lev- Jaco				
z		Jan 7 A Duran & Bruse				
	Registrar.	Registrar.				
	,	· ·				

= .

tement of 0C-	Co	y of Lewiston.	STATE OF II DEPARTMENT OF PUBL BUREAU OF VITAL S CERTIFICATE OF Registration Pistrict-No Primary Registration Distri (No	IC WELFARE STATISTICS DEATH 96		60065 No
RECORD d EXACTLY, PHYS: Exact statement			amil. th, &v enue.	St,	nonresident give city	
PERMANENT should be state perly classified.	-	PERSONAL AND STATISTIC SEX	5 Single, Married, Widowed, or Divorced (write the word) Single.	16 DATE OF DEATH Decembe (Month)	certificate of certif	19(Year)
IK—THIS IS supplied. A(it may be t of certifice	6 DATE OF BIRTH (month, day and year) 12/23/27. 7 AGE Years Months Days If LESS than 1 day,			that I last saw how and that death occurred		24 , 192.7. 19
UNFADING be carefully terms, so tha actions on ba		(c) Name of employer	iston,	CONTRIBUTORY	(duration) yrs. A hasen lad of least (duration) yrs.	mos. ds.
LY, WITH ation should IH in plain See instru	ø	(State or country) Ide NAME OF FATHER D. B. He BIRTHPLACE (city or town) Ide ON B. He Il BIRTHPLACE OF FATHER (city or country)	aho.	18 Where was disease or if not at place of dea Did an operation preced Was there an autopsy?	e death? NO Date	of
E 50 E	PARENT	12 MAIDEN NAME OF MOTHER Glad		(Signed) 12/23/27/, 19	(Address) Lew	iston, Idaho.
WRIT ry item e CAUSE is very				LENT CAUSES, state and (2) whether ACCID	(1) MEANS AND N. ENTAL, SUICIDAL. 0	ATURE OF INJURY,
N. B.—Every should state (CUPATION is	15	(Address) Lewiston, Ida	aho. Loan E Bruce Registrar	Lewiston, Id 20. Undertaker Brower-Vann C	laho.	12/24/27. 19 Address Lewiston, Idah

MAKGIN KESEKVED FOR BINDING

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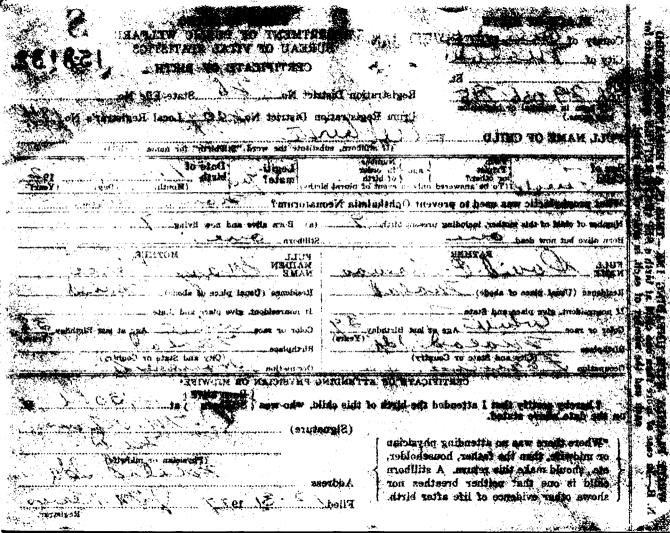
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IANS	1. PLACE OF DEATH. Registration District No	
PHYSICIANS tatement	County of CECETYED JAN 5Pril Registration Dis	, (J. (J. (J. (J. (J. (J. (J. (J. (J. (J.
RECORD. EXACTLY, PHYSICI A. Exact statement leate.	f death occurs away from usual residence, give facts called for under special information. 2. FULL NAME	If death occurred in a hospital, institution or camp, give its NAME instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
VENT RIstated Elegatified.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID- OWED OR DIVORCED. While Wind the Word.)	16. DATE OF DEATH
MAN be i	6. DATE OF BIRTH.	(Month) (Day) (Year)
ING A PERM should properl on back		17. I HEREBY CERTIFY, That I attended deceased from
IS /	[that I last saw h Dalivoon Let Breet 191
HIS AC may	,.,	M.
	8. OCCUPATION (a) Trade, profession or particular kind of work	The CAUSE OF DEATH* was as follows:
ESERVED ADING INK efully suppliers, so that	particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	at normal. Inter.
	9. BIRTHPLACE	(Duration) Yrs. mos. ds.
N S S S S S S S S S S S S S S S S S S S	(State or Country) Molad Clda.	Contributory (Secondary)
RGI FIN DIST	10. NAME OF Jand Shane	(Duratibn yrs. mos. ds.
MA shoul EH in	11. BIRTHPLACE OF FATHER	(Signed) M. D. (Address)
NILY SEA	(State or Country) Palad clda. 12. MAIDEN NAME	*State the DISEASE CAUSING DEATH; or in deaths from VIOLENT CAUSES, state (1) MEANS OF IMJURY; and (2) whether ACCIDENTAL, SUIGIDAL Or HOMICIDAL.
PLAI forms OF I	OF MOTHER Man M. Pierce	18. LENGTH OF RESIDENCE (For Hospitals, Institutions,
OMEG	13. BIRTHPLACE OF MOTHER	Transients or Recent Residents.) At place In the
WRITE En of CAUS	(State or Country) Afform Close.	of deathyrsmosdays. Stateyrsmosdays Where was disease contracted
W. trem	14. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.	if not at place of death?
ivery dd si	(Address) Dwiel P Hansh	usual residence
B.—Every iten	15.	19. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
e i	Filed /9/39 1917 Local Registrar	20. UNDERTAKER ADDRESS
	Y LOCAL Registrar	Juny Bensan Thatelde

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....

LANS	1. PLACE OF DEATH. RECEIVED JAN 5 1928 CERTIFICATE Registration District No	State of Idaho BOARD OF HEAL/TH Bureau of Vital Statistics	
RECORD. EXACTLY, PHYSICIANS 1. Exact statement rate.	City of The Oly (No.		File No
	if death occurs away from usual residence, give facts called for under special information. 2. FULL NAME	· Curshing	If death occurred in a hospital, institution or camp, give its NAME instead of street and number.
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
ANENT RI classified, of certifica	4. COLOR OR RACE 5. SINGLE, MARRIED, WID- OWED OR DIVORCED. Write the word.) 6. DATE OF BIRTH.	16. DATE OF DEATH	51 , 19£7
A PERM should be properly on back	(Month) (Day) 1949	(Month) 17. HEREBY CERTIFY, Th	(Day) (Yéar) at Lattended deceased from
	7. AGE IF LESS than 1 day	that I last saw h Latalive on	till Berth 191
HIS AC May		and that death occured on the dat	
G INK—T G INK—T v supplied. So that it it. See instr	8. OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as	follows:
RESI NFADI careful terms Importa	9. BIRTHPLACE (State or Country) (State or Country)	Contributory (Secondary)	Yrs. mos. ds.
MARGI WITH ould b in pla is ver	FATHER THE LANGE WILL ALL ALL ALL ALL ALL ALL ALL ALL ALL	(Signed) Wa	rally alma de
INLY, Vation sh DEATH	OF FATHER (State or Country) Outlon Salar	.7.2./193.7 (Address)	will fulfal
AINI matio F DE	12. MAIDEN VAME OF MOTHER	"State the DISEASE CAUSING DEATH; or in of MEANS OF INJURY; and (2) whether ACCIDENT	TAL, SUICIDAL OF HOMICIDAL.
WRITE PLAN m of informat CAUSE OF D	13. BIRTHPLACE OF MOTHER	18. LENGTH OF RESIDENCE Transients or Recent Reside	(For Hospitals, Institutions, ents.)
WRITE m of ir cause of c	(State or Country) Monthly July	of deathyrsmosdays.	the Stateyrsmosdays
	14. THE ABOVE IS PRUE TO THE BEST OF MY KNOWLEDGE. (Informant)	Where was disease contracted if not at place of death?	
t.—Every ite should state	(Address)	19 PLACE OF BURIAL OF REA	MOVAL DATE OF BURIAL
N. B.	Filed 7/3/ 19127 M. Curus Local Registrar	20. UNDERTAKER	ADDRESS
	SYMS - YORK CO., PTRS. 4 SORS. 94858	- worce	

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	PLACE OF BIRTH	STATE OF IDAHO			
#	4/3 225 038 CE VED JAN 4 1928 DI	EPARTMENT OF PUBLIC WELFARE			
e fo	County of Paristee. VEL JAN 4 1920	BUREAU OF VITAL STATISTICS			
P G	City of	CERTIFICATE OF BIRTH			
	1				
# A	No St. Registration Distric	et No. 4 State File No. 158144			
	Hospital Primary Registratio	n District No. 1008. Local Registrar's No.			
t Z Z	FULL NAME OF CHILD Unnamed (Still)				
St. B.	(Certificate of	f no value without full name of child)			
A FERMANENT RECORD RETURN must be made for birth stated.	Sex of Twin } (Number Triplet } and in order	Legiti- Date of Dec. 25/27			
THE S	Child Hemale or other?) (of birth	matel Vec Dirth			
25	(To be answered only in event of plural bir	(ns) ((Month) (Day) (18ar)			
E E	What bactericidal solution was used in eyes?	ıe			
A—THIS IS A A SEPARATE in order of bi	Number of child of this mother, including present birthNu	mber of child of this mother now living, including present birth. 5			
100 g	FULL FATHER	FULL MOTHER			
4 4 4	0.Z.Matthews	NAME Etta Barker			
birth each,	RESIDENCE	RESIDENCE			
524	Payette County.	Payette County.			
child aber	COLOR AGE AT LAST 31 White BIRTHDAY (Years)	COLOR AGE AT LAST 28 BIRTHDAY (Years)			
number	BIDTUDI ACE	BIRTHPLACE (Tears)			
one nu	Missouri	Oregon			
5.8	occupation Farmer	OCCUPATION Wife			
than or		NG PHYSICIAN OR MIDWIFE			
case of more each and		(Born alive) Start Dorn			
	I hereby certify that I attended the birth of this chi	ild, who was [Stillborn M.			
e of	on the date above stated.				
38.8	or midwife, then the father, householder, etc., should make this return. A stillborn	lature)			
v Klyk —In ca	child is one that neither breathes nor shows other evidence of life after birth.	(/ Physician)			
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֡֓֡	Give names added from a supplemental report.	(Physician or midwife)			
, Ri	. 192 Addre	Payette, Idaho			
Ż	Filed	Dec. 26 192 7 / 19/ / ward/			
	Registrar.	Registrar.			

and the second s e de la companya de l • . . . •

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IIII UWILE

RUBILAU OF VITAL STATISTICS Primer whiteredios District No. Academic Registrar's Number & Sales depth cate of no value without full notes of to stutt Legitl. Yalam. What bactericidal solution was used in eres? Number of chief of this mother now living, we come present hori-Number of child of this mother, eachding present birth . . . 1143 FATHER MARIDEN COLOR I hereby certify that I attended the birth of this child, who was I Stillbarn on the date above stated. *When there was no attention physician or relawing then the fatuer, householder, etc. should make this return. a stillborn child is one that neither breath a nor shows other evidence of life after birth Give names added from a sauslemental report. Address Routstant.

	RECEIVED FEB	STATE OF I		
UNS OC-		DEPARTMENT OF PUBI BUREAU OF VITAL !		DO NOT WRITE IN THIS SPACE
TY O	PLACE OF DEATH	CERTIFICATE OF		State File No. 60426
of SICI	County of hash	Registration District No		
PHYSICIANS ment of OC-	City of Tellagg	Primary Registration Distri	ict No. 228/	Local Registrar's No.
ايو	Get death occur	(No	***************************************	······)
ECORD EXACTLY, PHYS Exact statement	2. FULL NAME	, , —		stead of street and number.)
RECORD EXACT Exact		y danc		
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A	Length of residence in city or town where		ds. How long in U. S.,	if of foreign birth? yrs. mos. ds.
KANENT 1 l be stated classified.	PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
ANT be a lassi	3 SEX 4 COLON OR RACE	5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH	24
5 5	Temale Milte		Kov	. 20 - 1927
3 A PERMANENT GE should be state properly classified, tte.	5a If married, widowed, or divorced		(Month)	(Day) (Year)
w p.	HUSBAND of (or) Wife of		17 ІНЕТЕВУ	CERTIFY, That I attended deceased from
U2 —. WII			11/20/	19.27 to 11/20/1927
E 5. 22	6 DATE OF BIRTH (month, day and year 7 AGE Years : Months : D		that I last saw h	HOLEL LESS, 19
NK—THIS supplied. it may b	months p	LESS than hrs.		on the date stated above, at m.
[윤"治	8 OCCUPATION OF DECEASED	The Control of the Co	The CAUSE OF DEATH	* was as follows:
HIN SUI	(a) Trade, profession, or particular kind of work		A Sum days before delivered	
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ADING carefulls, so the bar on b	(b) General nature of industry, business, or establishment in which employed (or employer)			duration yra. mos. ds.
E S S S	(c) Name of employer		CONTRIBUTORY	
UNFADING be careful terms, so tl ctions on l			(Secondary)	dunaklan
꼭 ㅋ 티	9 BIRTHPLACE (city or town)(State or country)		18 Where was disease co	duration) yrs mos ds.
P 8 -	10 NAME OF FATHER		Did an operation precede death?	
્રંધ _ા જે∥	Jan Lan	ce		
LAINLY nformati DEATH rtant.	11 BIRTHPLACE OF FATHER (city of	or town)	What test confirmed sia	
PLAINLY informati ? DEATH oortant.	"arouna	lin Stash	(Signed)	S. Massayell M. D.
Pi-77 21	12 MAIDEN NAME OF MOTHER	2	11 22 192	1. (Address) Kelling Makes
H 20 H	- X/ally 2, 0/	yearnon	ASTATA AND DISTRACTION	A VIGING DATA MAY
WRITE item of AUSE (13 BIRTHPLACE OF MOTAER (city) (State or country)	town)	LENT CAUSES, state (AUSING DEATH, or in deaths from VIO- (1) MEANS AND NATURE OF INJURY,
25	14	words.	and (2) whether ACCIDE	INTAL, SUICIDAL, or HOMICIDAL.
االواد	Informant and auto		19 Place of Burial, Crem	ation, or Removal Date of Buriai
state	(Address) Alla	gg ddu	Guerrin	man 2,1927
N. B.—Eventhalian State Superior	15 Filed Sau. 15- 19.32 Mus	The marie	20. Undertaken	Address
N. B. shoul	Filed June, 19.	Registrar	V. L. St	aut Felloga (0
				- ITOMU

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	PLACE OF BIRTH	STATE OF IDAHO				
	REGEIVED JAN 23 DEF	PARTMENT OF PUBLIC WELFARE				
D tor	County of Doundary	SUREAU OF VITAL STATISTICS				
RECORD be made	City of plovavia	ERTIFICATE OF BIRTH = 8				
Pe B		No. 24 State File No. 58491				
	No.2022 2011 967 St. Registration District	NoState File No				
ENT must	Hospital Primary Registration	District No. Local Registrar's No.				
	FULL NAME OF CHILD. STORAGE	bole				
	(Certificate of no value without full name of child)					
A PERMANENT E RETURN must birth stated.	Sex of Child Twin Triplet and Number in order or other? A shift or other?	Legiti- mate; Date of birth J3 192 (Month) (Day) (Year)				
SEPARATE n order of b	What bactericidal solution was used in eyes?					
EPAB order	Number of child of this mother, including present birth 3 Numb	per of child of this mother now living, including present birth				
ا ⊷ تە كى	FULL STATHER COLOR Sugar Cole	FULL MOTHER MAIDEN Blanche Yungbluth				
- .	RESIDENCE Mosevia, Ida.	RESIDENCE Moruvia, The				
UNFADING ne child at bi number of ea	COLOR White AGE AT LAST 34 (Years)	color white AGE AT LAST 37 (Years)				
I UNFA one child number	BIRTHPLACE S. Dalb.	BIRTHPLACE Jowa;				
the state	OCCUPATION Farmer.	OCCUPATION Stousewife.				
	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFF					
WRITE PLAINLY —In case of more each an	I hereby certify that I attended the birth of this child on the date above stated.	i, who was Stillburn at 9.30 P. M				
F S	*When there was no attending physician or midwife then the father householder. (Signat	ture) Safry				
CBS6	etc. should make this return. A stillborn	Physican				
	child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwife)				
≱ di	Give names added from a supplemental report. Address	Barries Flynn Ale.				
×.		Vac V 2 Deta.				
	Registrar.	Registrar.				

STATE COAHO THE PROPERTY OF THE PROPERTY WITH THE PARTY IN MERALI OF VITAL STATISTIC County of CHERTIFICATE OF BE City of to vice Registration lighter No. 22 ... Spate the Notice Prince Vice and District No. Land Land Bedrack No. CHIED OF CHIED referring of im value without full name or childs મેલાન ભી Legiti. birth. 19tom (To be answered only in event of plural hirrhal What bactericidal solution was used in eyes? MOTHER FATHER TMAM RESIDENCE COLOR AGE AT LAST BIRTHDAY BIRTHPLACE OCCUPATION TOTAL COMMENT SURPRING *Then there was no attending physician (Migaature) indiwife, then the father, househorder, eic. should make this return. A stillborn たっかと しょ はい child is one that neither brenthes nor (Physician or midwife) shows other evidence of life after birth. live muses added from a supplemental report. Address

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t of 0C-	PLACE OF DEATH CERTIFICATE OF County of Count	DO NOT WRITE IN THIS SPACE STATISTICS DEATH State File No	
H	City of Moravia Primary Registration Distri	ct No. 211-6 Local Registrar's No.	
Exact stat	(If death occurred in a hospital of institution of the Full NAME	, give its name instead instead of street and number.)	
Exact	(a) Residence. No	St.	
11.2	(Usual place of abode) Length of residence in city or town where death accurred yrs. mos.	(If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.	
sified.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
perly classified.	3 SEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Divorced (write the word)	16 DATE OF DEATH	
perly	5a If married, widowed, or divorced	(Month) (Day) (Year)	
e propeicate.	HUSBAND of (or) WIFE of	17 I HEREBY CERTIFY, That I attended deceased from	
البوق	6 DATE OF BIRTH (month, day and year) W. 33-1927	that I last saw h alive on	
cert	7 AGE Years Months Days If LESS than 1 day,hrs.	and that death occurred, on the date stated above, at \$\frac{\psi_3}{20} \mathbb{P}_m.	
۰,¤۰∥⁻	OCCUPATION OF DECEASED	The CAUSE OF DEATH* was as follows:	
hat i	(a) Trade, profession, or particular kind of work	Shelbon ,	
+	(b) General nature of industry,	(Dies in retero)	
S On	business, or establishment in which employed (or employer)	(duration)	
ion	(c) Name of employer	(Secondary)	
plain terms, instructions	BIRTHPLACE (city or town) Moravia, Maria, Ma	ds. 18 Where was disease contracted If not at place of death?	
in pl	10 NAME OF FATHER Chas. The same bale	Did an operation precede death? 200 Date of	
	A DIDTUDI ACE OF SATUED (Side of the control of the	Was there an autopsy?	
DEATH rtant.	11 BIRTHPLACE OF FATHER (city or town) (State or country)	What test confirmed diagnosis?	
OF DEAT	12 MAIDEN NAME OF MOTHER lanch Thurabluth	(Signed) M. D. Mary 23 1927 (Address) Bonnier Yung	
AUSE	13 BIRTHPLACE OF MOTHER (city or town) (State or country) Webler Jowa	*State the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
is C	14 Informant Aced & Lale (Address)	19 Place of Burlal, Cremation, or Removal Date of Burlal	
ould stat	5 Filed Hov. 23 19 27 5 27 5 27	20. Undertaker Address Address	
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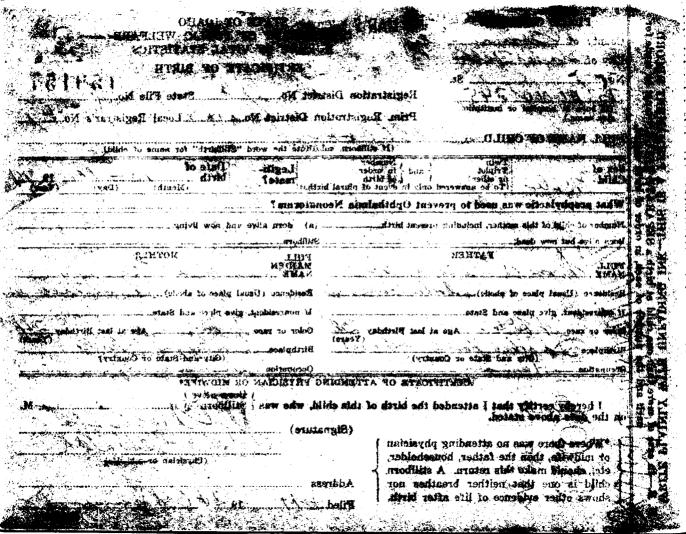
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PLACE OF BIRTHECE VED MAR 7 STATE OF IDAHO for RECORD be made fo PUBLIC WELFARE County BUREAU OF VITAL STATISTICS CERTIFICATE OF BIRTH PERMANENT I RETURN must b th stated. Registration District No..... State File No. (If born in hospital or institution Prim. Registration District No. 2 / 1 Local Registrar's No. 1 give name.) FULL NAME OF CHILD. (If stillborn, substitute the word "Stillbirth" for name of child) Number Twin Date of birth Sex of Legiti-Triplet in order Child 6 or other? of birth birth mate (To be answered only in event of plural births) (Month) (Day) ð What prophylactic was used to prevent Ophthalmia Neonatorum? SEP Number of child of this mother, including present birth (a) Born alive and now living Born alive but now dead. Stillborn. FATHER MOTHER FULL MAIDEN NAME NAME . Residence (Usual place of abode) Residence (Usual place of abode). If nonresident, give place and State If nonresident, give place and State Birthplace, Birthnlace (City and State or Country) (Otty and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDVIFE* PLAINLY case of mor I hereby certify that I attended the birth of this child, who was i on the date above stated. (Signature) *Where there was no attending physician or midwife, then the father, householder, (Physician or-mis etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. ż Registrar.



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		RECEIVED NOT ? DEPARTMENT OF PUBLISHED OF VITAL S	C WELFARE DO NOT WRITE IN THIS SPACE				
PHYSICIANS sment of '0C-		BUREAU OF VITAL S					
# /C		CHILIDIAN OF	/, 2				
776	Co	unty of 2000 Registration District No	7 Total Decigional No. / t / //				
PHY	Cit	y of Make Falls Primary Registration Distric	et No. 2 / V. D				
E E	(No)						
LY, sta	2 FULL NAME Wellard Polisson						
XACT xact							
ECORI EXACI Exact	((a) Residence. No. 3 2 0 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	(If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds. /				
⊠ ∥	Len	gth of residence in city or town where death occurred yrs. mos.	ds. How long in U. S., if of foreign birth? yrs. mos. ds.				
fANENT be stated classified.		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH				
NE SSÚ	3 :	BEX 4 COLOR OR RACE 5 Single, Married, Widowed, or Disperced (write the word)	16 DATE OF DEATHY 1927.				
l be	_	nale white smale.					
PERM should perly (Fa.	If married, widowed, or divorced	(Month) (Day) (Year)				
PER shoul perly	-	HUSBAND of	17 I HEREBY CERTIFY, That I attended deceased from, 19, to, 19,				
IS A AGE : e proj icate.		(or) WIFE of					
E G A E	6 1	DATE OF BIRTH (month, day and year)	that I last saw handlive on				
rHIS lied. Anay be certific	7	AGE Years Months Days It LESS than 1 day hrs.	and that death occurred, on the date stated above, at				
lied name	_	0 0 0 or 0 min.	The CAUSE OF DEATH* was as follows:				
NK—TH supplied it may k of cer	8	OCCUPATION OF DECEASED					
Hat shack		(a) Trade, profession, or particular kind of work.	& We born				
후취육취		(b) General nature of Industry,	(duration) yrs mos ds.				
UNFADING be carefull terms, so the		business, or establishment in which employed (or employer)					
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ITH UNFA hould be ca plain terms, instructions		Idaho Falls.	(duration) yrs mos ds.				
. 그 ㅋ 티	9	BIRTHPLACE (city or town) (State or country)	18 Where was disease contracted				
WITH shoul plair e inst			Did an operation precede death? Date of				
on s in See		10 NAME OF FATHER Won A. Polison	Was there an autopsy?				
	ဖွ	11 BIRTHPLACE OF FATHER (city or town)	What test confirmed diagnosis?				
PLAINLY information F DEATH portant.	F	(State or country)	a (Signed)				
PLAINI informs F DEAT	PARENT		(Address) & del Halle la				
	2	12 MAIDEN NAME OF MOTHER wella Kung.					
		13 BIRTHPLACE OF MOTHER (city or town)	*State the DISEASE CAUSING DEATH, or in deaths from VIO- LENT CAUSES, state (1) MEANS AND NATURE OF INJURY,				
WRITI item of AUSE very i		(State or country)	and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
. [≻] ວິ ⁸	14	gum a Petethani	19 Place of Burial, Cremation, or Removal Date of Burial				
7 P		Informant 4 100	11.1 0 01. 01. 01/2 19/1				
stat JON		(Address) Jako of alls. Ida.	20. Undertaker Address				
P. Fig.	15	My see see	LA PM WILL MAN MAN MAN MAN MAN MAN MAN MAN MAN MAN				
. hod		File Registrar	1. J. III Jean - Jaans Jan				
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A stillbirth must be registered both as a birth and a death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

STATEMENT OF OCCUPATION.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton Mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer." 'Foreman," "Manager," "Dealer, etc., without more precise specifications, as Day laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the LISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None.

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term for the same disease. Examples: Cerebro-spinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhold fever (never report 'Typhoid Pneumonia'); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Carcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms; Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent affection need not be stated unless important. Examples: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," 'Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart Failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock, "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICID-AL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; struck by railway train-accident; Revolver wound of head-homicide; Poisoned by carbolic acid-probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g. sepsis. tetanus) may be stated under the head of "Contributory."

DUTY OF LOCAL REGISTRARS—Mail all death certificates filed with you to the State Registrar on or before the fifth of the following month; after keeping a copy of same for your local record.

Enter date of filing on the certificate immediately and give the certificate its registered number, beginning each year with number one. Carefully examine each certificate before issuing the burial permit and call the attention of the undertaker or other person to any omissions. If the information cannot be secured, it should be plainly stated unknown.

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Do not accept a certificate of death signed only by a mid wife.

PLACE OF STEREIVED MAR 7 STATE OF IDAHO DEPARTMENT OF PUBLIC WELFARE be made for BUREAU OF VITAL STATISTICS County of RECORD 159260 Registration District No.....State File No. No.. Local Registrar's No. Primary Registration District No. stated. (Certificate of no value without full name of child) hirth Number Twin Date of Legiti-Sex of in order Triplet birth. Child or other? of birth mate? (Month) (Year) (To be answered only in event of plural births) (Day) of What bactericidal solution was used in eyes?...... THIS SEP Number of child of this mother now living, including present birth Number of child of this mother, including present birth MOTHER FULL FUL. MAIDEN NAME each, RESIDENCE RESIDENCE 70 COLOR COLOR number (Years) BIRTHPLACE BIRTHPLACE one OCCUPATION ₫ ICATE OF ATTENDING PHYSICIAN OR MIDWIFE+ more PLAINLY I hereby certify that I attended the birth of this child, who was I Sullborn on the date above stated. *When there was no attending physician or midwife, then the father, householder, (Signature) WRITE etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. hvsician **A**r midwife: Give names added from a supplemental report. Address ż Filed Registrar. Registrár.

MPARTMENT OF PO RUBERLI OF VITAL (Certificate of no vaine without full name of child) Dute of -tiine.I anfirm mi distil to (To be engagered only in event of sturid hirthed That bacteristial solution was used in eres! Number of bailg of this mother, including present tieth. C. Wandon of child of this mother seculiving, including present tieth. MOTHER PULL RATHER AGE AT LAST AGE AT LAST CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIPE. I hereby certify that I attended the birth of this child, who was a Statharn swines there was no attending physician or suffering the father, honseholder, or should make this neuern A stillborn till to one that nestber breather nor Physician or midus abows other evidence of life after birth. dre names added from a subalimental report.

ECEIVED FEB 1 3 1928 DEPARTMENT OF PUBLIC WELFARE CACTLY, PHYSICIANS statement of OCCUPA DO NOT WRITE IN THIS SPACE PLACE OF DEATH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH State File No ... resto Registration District No..... Local Registrar's No..... Primary Registration District No. stated EXACTLY, d. Exact statemen PERMANENT RECORD occurred in a hospital or astitution, give its name (a) Residence. No..... (If nonresident give city or town and State) (Usual place of abode) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred. mos. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5. Single, Married, Widowed, 16. DATE OF DEATH 8. SEX COLOR OR RACE should or Divorced (write the word) 5a. If married, widowed, or divorced HUSBAND of 17. I HEREBY CERTIFY, That I attended deceased from (or) WIFE of _____, 19____, to_____, 19____, 6. DATE OF BIRTH (month, day and year) that I last saw h alive on 19 If LESS than 1 day, 7. AGE Months Days Years and that death occurred, on the date stated above, at ...hrs. or The CAUSE OF DEATH WELL 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry. business, or establishment in (duration) which employed (or employer) CONTRIBUTORY (c) Name of employer (Secondary) (duration) 9. BIRTHPLACE (city or town 18. Where was disease contract if not at place of death? (State or country) 10. NAME OF FATHER Did an operation precede DEATH Was there an autopsy? 11. BIRTHPLACE OF FATHER What test confirmed PARENTS (State or Country) OF 12. MAIDEN NAME OF *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT 18. BIRTHPLACE OF MOTHER (city CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or Country) Informant. (Address) Address Registrar

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OF OF RIRTH CEIVED RECORD be made for STATE OF IDAHO PUBLIC WELFARE County of BUREAU OF VITAL STATISTICS City of CERTIFICATE OF BIRTH 160214 No. PERMANENT | RETURN must b th stated. Registration District No..... State File No..... (If born in hospital or institution Prim. Registration District No. 201 Local Registrar's No. 12 give name.) FULL NAME OF CHILD. "Stillbirth" for name of child) (If stillborn, substitute the word Twin Number Date of Sex of Legiti-Triplet in order IS A birth Child or other? of birth (To be answered only in event of plural births) (Day) SEPARAT What prophylactic was used to prevent Ophthalmia Neonatorum. Number of child of this mother, including present birth. (a) Born alive and now living Born alive but now dead. Stillborn MOTHER FULL birth each. MAIDEN NAME UNFADING one child at b Residence (Usual place of abode) Residence (Usual place of abode) If nonresident, give place and State If nonresident, give e at last Birthday Birthplace Birthplace. Aty and State or Country) ty and State or Country) Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* . more ach an Born alive PLAINLY I hereby certify that I attended the birth of this child, who was Stillborn on the date above stated. case of (Signature) *Where there was no attending physician WRITE B.—In (Physician or midwife) or midwife, then the father, householder, etc., should make this return. A stillborn Address child is one that neither breathes nor shows other evidence of life after birth. Registrar.

DEPARTMENT RECORD BUREAU OF VIT Registration District No..... (If born in hospital or institution Prim. Registration District No..... give name.) FULL NAME OF CHILD..... (If stillborn, substitute the word "Still and or name of classes Twin Number Date of Legiti-Sex of Triplet in order birth Child or other? mate? U (To be answered only in event of plural births) (Month) What prophylactic was used to prevent Ophthalmia Neonatorum? Number of child of this mother, including present birth-___ (a) Born alive and now living Born alive but now dead..... Stillborn. FULL MAIDEN Residence (Usual place of abode) Residence (Usual place of abode)... If nonresident, give place and State If nonresident, give place and State Age at last Birthday Age at last Birthday (Years) Birthplace ... Birthplace. (City and State or Country) and State or Country) Occupation Occupation CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE. more ch an I hereby certify that I attended the birth of this child. who was Stillborn on the date above stated. *Where there was no attending physician or midwife, then the father, householder, (Physician or modwife) etc., should make this return. A stillborn child is one that neither breathes nor Address shows other evidence of life after birth. Registrar.

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FULL MOTHER MAIDEN NAME TSeckstand							
Residence (Usual place of abode) Trace da la Residence (Usual place of abode) Trace da la							
If nonresident, give place and State If nonresident, give-place and State							
Color or race Age at last Birthday 2 . Color or race Age at last Birthday 2 2							
Birthplace (Years) (City and State or Country) (Years) (Years)							
Occupation Occupation Occupation Occupation Occupation							
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